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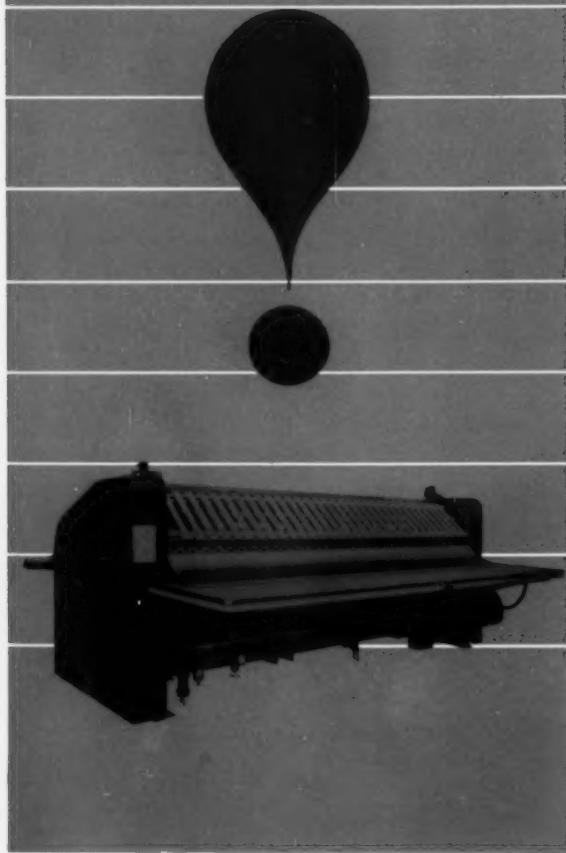
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*Cover picture—Bruce County Home for the Aged,
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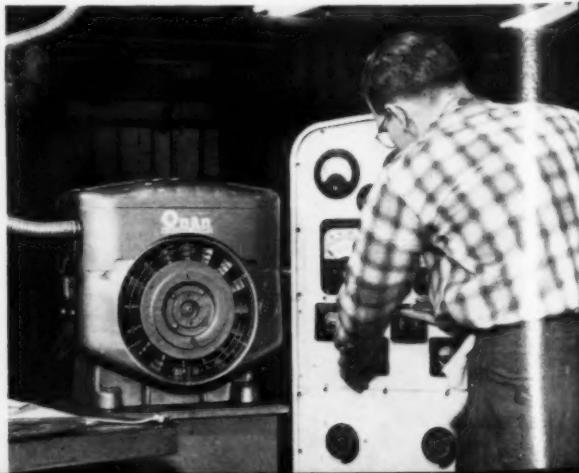
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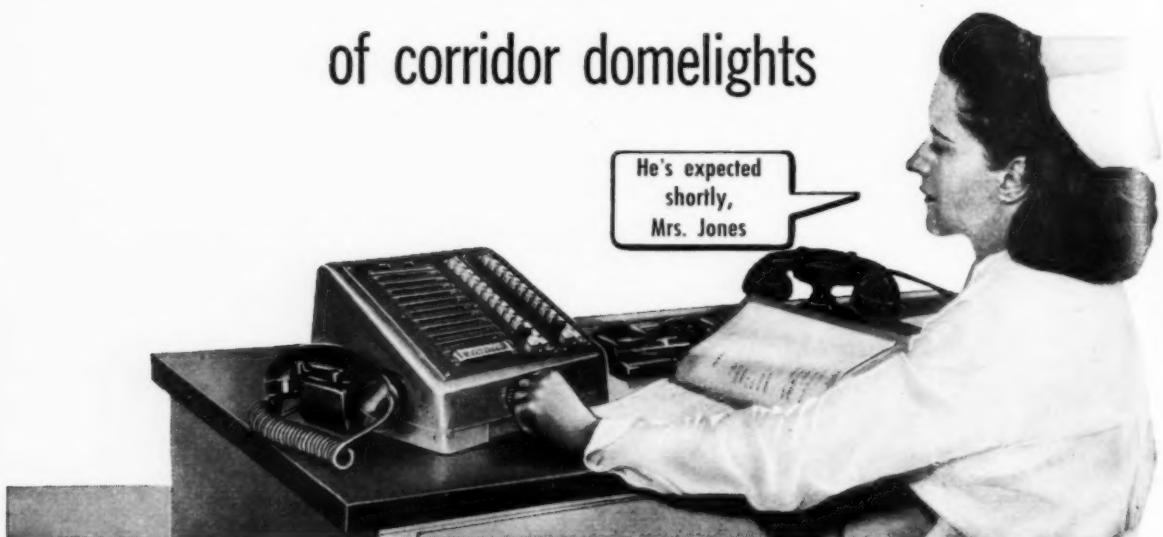


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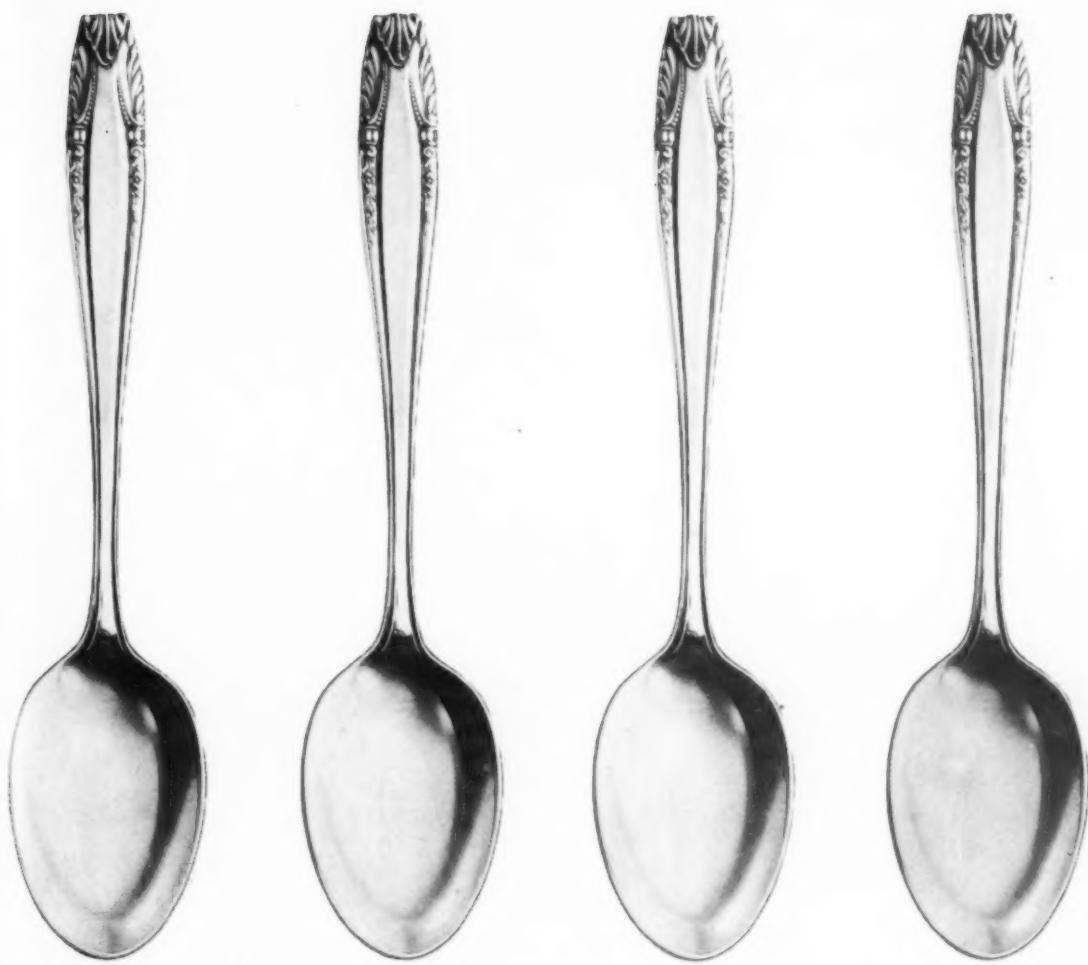
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Notes About People

New Post for Dr. S. Gilder

Dr. Stanley S. B. Gilder, who has been the editor of the *Canadian Medical Association Journal* for the past six years, has taken a new position with a pharmaceutical firm. He will work from an office in London, England.

During Dr. Gilder's sojourn with the C.M.A., the association expanded its journal from a monthly publication to a weekly, containing more current news than was formerly possible. Publication of the *Canadian Journal of Surgery* was also undertaken during this period.



Dr. S. S. B. Gilder

As editor of C.M.A. publications, Dr. Gilder reflected the viewpoint of Canadian medicine in all his writing, stamped with his own fine literary style.

Early in the year, the journal and secretarial staff of the C.M.A. gathered at the York Club, Toronto, for a farewell dinner party in honour of Dr. and Mrs. Gilder.

Dr. Donald C. Graham, F.R.C.P. (C.), of Toronto, will assume the duties of editor of the journal on July 1, 1960.

Appointment in Manitoba

Dr. Carl Wood has been named Director of Standards under the Manitoba Hospital Services Plan. Dr. Wood will direct the activities of the hospital consulting and inspection services of the plan. These activities include nursing, pharmacy, dietary, medical records, hospital administration and accounting.

Dr. Wood, who is a graduate in science and medicine from the University of Manitoba, served in the Canadian army from 1935 to 1957, retiring with the rank of colonel.

At Lacombe Home

The diamond and golden jubilees of two Sisters were recently celebrated at Lacombe Home, Lacombe, Alta. Sister Gervais, who is now stationed at the Home, marked the sixtieth anniversary of her religious life. She began her religious career among the Kootenay Indians and since that time has rendered much valuable service to the community.

Sister Denis d'Alexandrie, after 50 years of religious life, is still very active at Providence Creche in Calgary. For many years at the Wabasca Nursing Station in Wabasca, she served the Indians of that region.

At the Jewish General

Mrs. Ena Denbow Shlevis of Montreal has been appointed assistant to the bacteriologist at the Jewish General Hospital, Montreal, Que. Mrs. Shlevis received her B.A. at McGill University in 1940; two years later she received a B.Sc. In 1946 she was granted an M.A. in microbiology from Radcliffe College. Later she took further graduate studies at Boston University.

Mrs. Shlevis did volunteer virus research work at Rhode Island Hospital from 1953 to 1955. Until last year she was occupied in a staff research project at Massachusetts Memorial Hospital. In her new position she works with bacteriologist Dr. H. Lubinski.

U. of T. Appointment

Dr. K. J. R. Wightman has been appointed head of the department of medicine at the University of Toronto. He succeeds Dr. Ray Farquharson who is retiring June 30. Dr. Wightman will also succeed Dr. Farquharson as the Sir John and Lady Eaton professor of medicine at the university and as physician-in-chief at the Toronto General Hospital.

Born in Windsor, Dr. Wightman graduated from the University of Toronto's school of medicine in 1937. He took postgraduate training

at the Toronto General Hospital and in Cambridge, England. He served with the Canadian army during World War II, joining the university's faculty of medicine in 1947. He was appointed professor in 1958.

At the Saint John General Hospital

A department of urology has been formed at the Saint John General Hospital, Saint John, N.B. Dr. J. K. Sullivan has been made chief of service. The department of general practitioners, with Dr. S. D. Clark as chief of service, has established an out-patient clinic staffed by 18 general practitioners to care for indigent patients who are emergency cases and who do not have their own doctor.

New Medical Director

Dr. Theodore Korthals has been appointed medical director of Grace Dart Hospital, Montreal, Que. Dr. Korthals, who studied medicine at Leiden University, Holland, has been with the hospital for the past four years in the position of assistant medical director.

Dalhousie Professor Appointed

Dr. Leon Cudkowicz has been made associate professor of physiology and associate professor of medicine (research) at the faculty of medicine, Dalhousie University, Halifax, N.S. He will also assume the directorship of the cardio-pulmonary unit.

Dr. Cudkowicz obtained his M.B., B.S. in 1946, the honorary degree of doctor of medicine in 1951, and his M.R.C.P. in 1954, all from the University of London. From 1946-56 he took hospital training in internal medicine and spent the following two years doing research work in medicine at Yale and Harvard universities.

Before coming to Dalhousie, Dr. Cudkowicz was registrar in the cardiac department of St. Thomas' Hospital, London, England.

Nursing Appointment

Kathleen Elizabeth Arpin has been appointed assistant director of nursing education of the School of Nursing, Toronto General Hospital. She replaces Helen (McLaren) Rafuse, recently married. Miss Arpin is a graduate of St. Joseph's Hospital, London and holds her Bachelor of Science degree in nursing education from the University of Western Ontario. Preceding her present appointment she was employed as a nursing education supervisor at the Toronto General.



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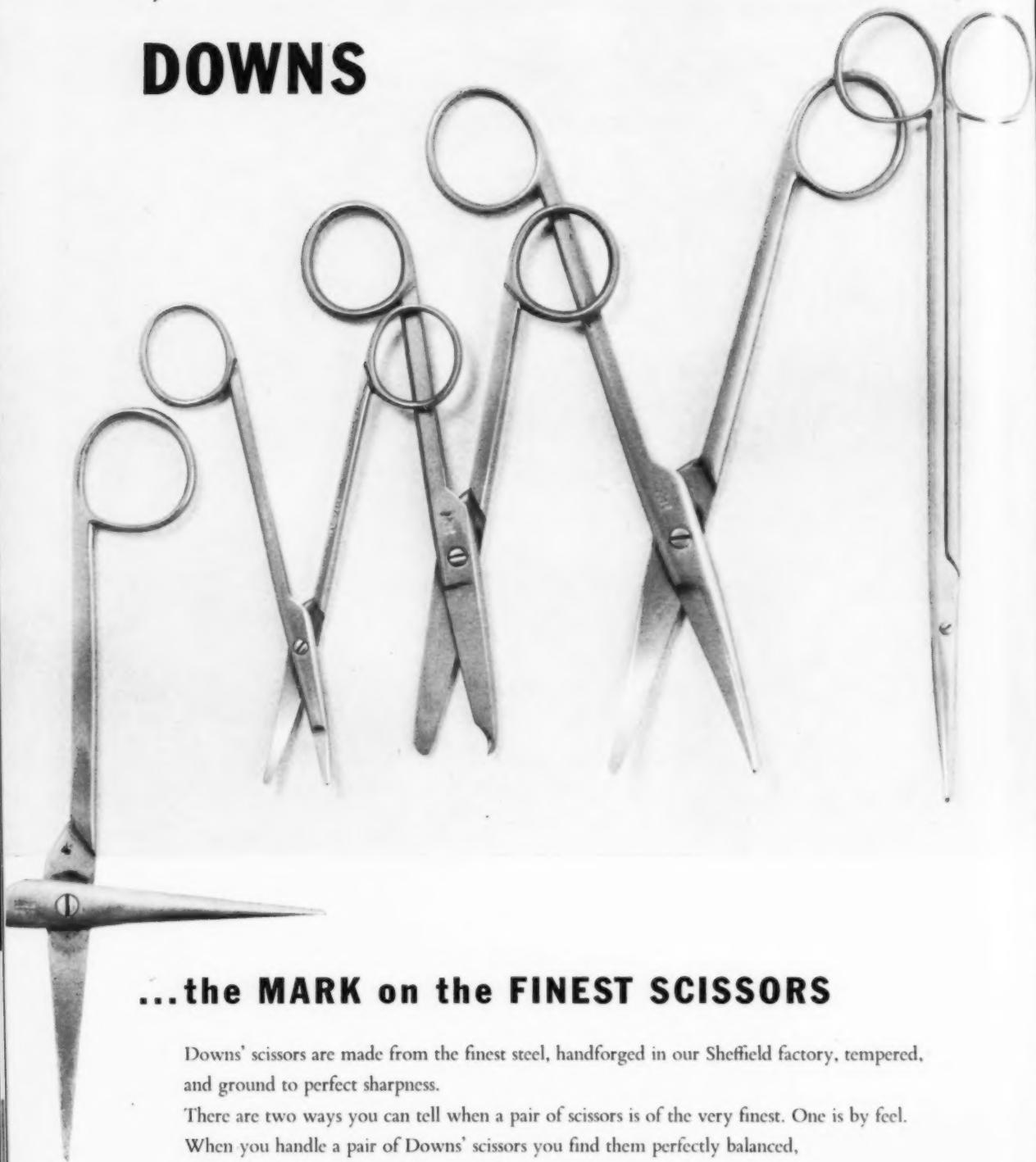
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Dedicate Malcolm T. MacEachern Memorial Room

Special dedicatory ceremony of the Malcolm T. MacEachern Memorial Room at the American Hospital Association Building was held February 4th under the sponsorship of the alumni of the program in hospital administration at Northwestern University in cooperation with the American College of Hospital Administrators. Photographed at the event were, left to right, Norman Brady, assistant director, Presbyterian St. Luke's Hospital; Carl Nusbaum, executive director, Rest Haven Rehabilitation Hospital; Mrs. John Soans (Dr. MacEachern's daughter); Dr. Kenneth B. Babcock, director, Joint Commission on Accreditation of Hospitals; William R. Williams, administrator, Suburban Cook County Tuberculosis Sanitorium District, Hinsdale; and James S. Schroeder, administrator, Englewood Hospital.

People
(continued from page 12)

Dr. Hamnett A. Dixon

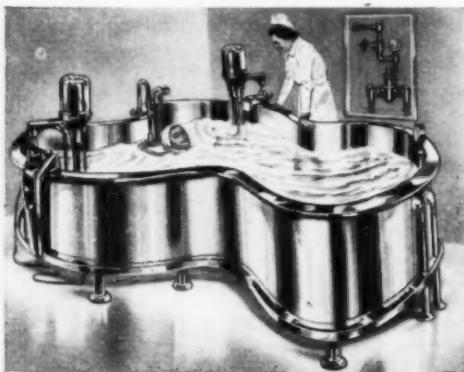
Dr. Hamnett A. Dixon, a Toronto dermatologist, died recently at the age of 66. Dr. Dixon was an associate professor of medicine, emeritus, at the University of Toronto and a consultant in dermatology at the Toronto General Hospital and the Hospital for Sick Children.

W. A. Scott, M.D.

Dr. William Albert Scott, professor emeritus of the University of Toronto, died recently at the age of 74. Dr. Scott was a past president and Fellow of the Royal College of Obstetricians and Gynaecologists, Canada.

Born in Petrolia, Dr. Scott graduated from the University of Toronto's faculty of medicine in 1913. He was a professor at that university for 16 years.

- Dr. John G. Howlett, physician-in-chief of St. Mary's Memorial Hospital of Montreal, Que., has been elected chairman of the hospital's medical board for the year 1960.



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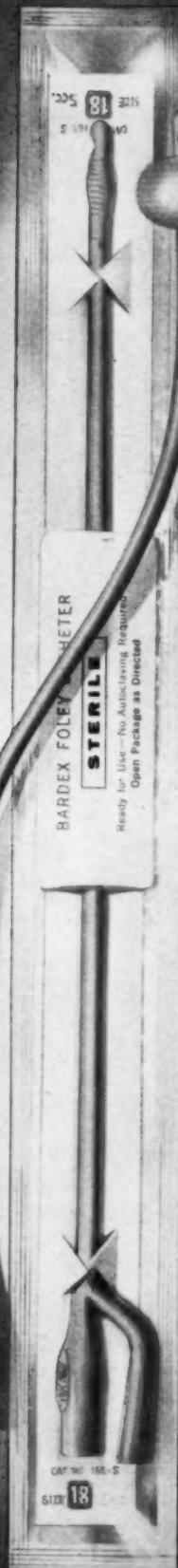
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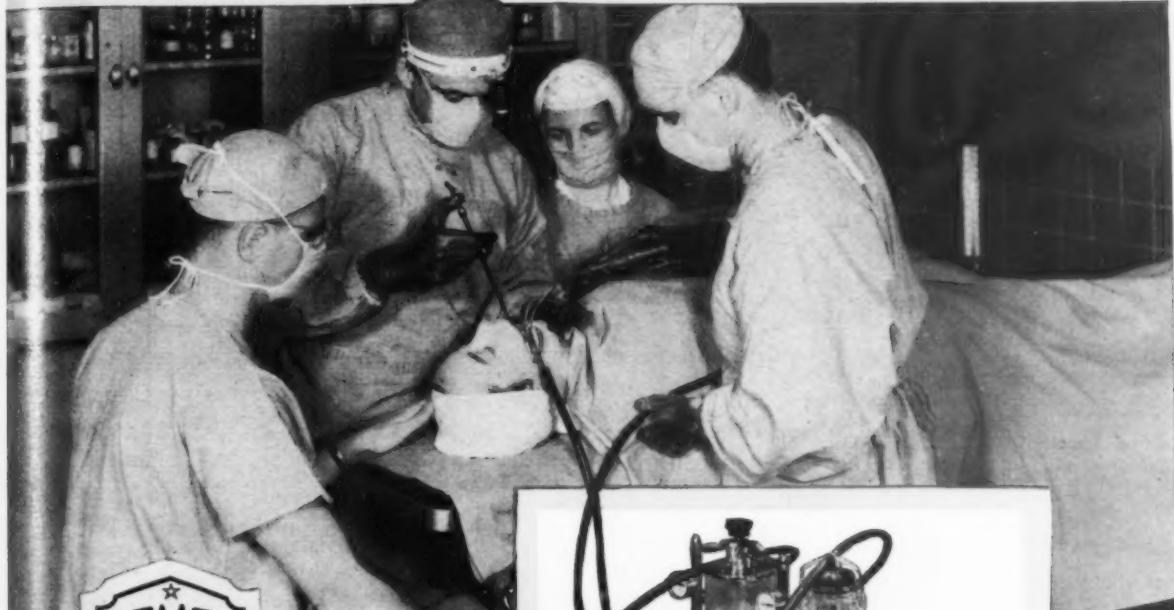
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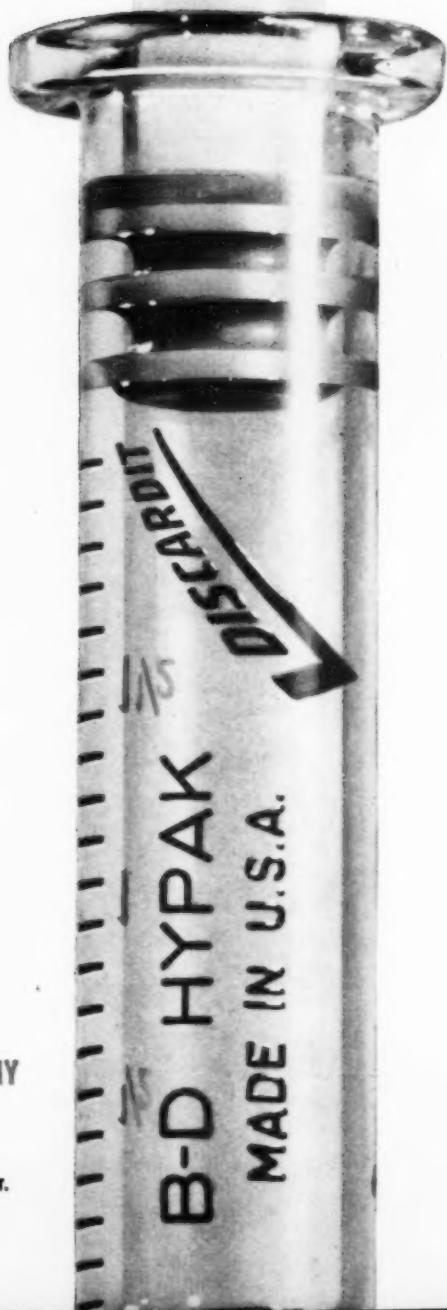
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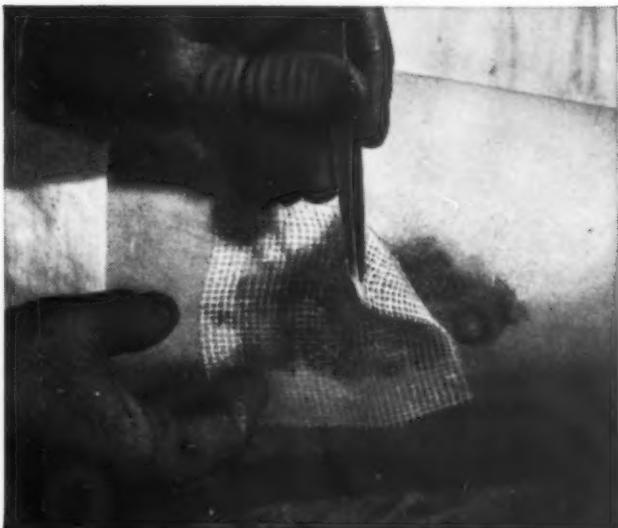


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A.C.H.A. Activities

"Should Your Child be a Hospital Administrator?" is the subject of an article that appeared recently in a series of public service advertisements sponsored by the New York Life Insurance Company.

The article is signed by Dr. Edwin L. Crosby, president of the American Hospital Association and a Fellow in the College. It is being reprinted in leaflet form for use by vocational guidance counsellors and others interested in promulgating hospital administration as a career.

A copy of the leaflet will be sent to all members of the College for their review. Additional copies will be available free of charge from the Publications Dept., ACHA, 840 North Lake Shore Drive, Chicago, Ill.

New Membership Service

Beginning this month or next, affiliates of the College will receive new membership service, a publication entitled, *Administrator's Digest*.

This new publication is "a digest of significant current literature on organization, management and hu-

man relations" and will be distributed monthly.

The contents are prepared by the A. G. Bush Library of the Industrial Relations Centre at the University of Chicago and are being made available to members of the College through a special arrangement with Robert K. Burns, director of the IRC.

The Industrial Relations Centre is an interdisciplinary organization engaged in research and program development in management, organization and industrial relations. It is affiliated with the Graduate School of Business and the Division of the Social Sciences of the University of Chicago.

Administrator's Digest will be available without charge to members of the College.

Ontario Institute

Colourful announcements of the Third Annual Ontario Institute for Hospital Administrators to be presented by the Ontario Hospital Association in co-operation with the College in Toronto, May 9-12th have been mailed to hospital administrators and their assistants in Ontario and adjoining provinces.

The four-day program will feature formal lectures and informal discussion on such important topics as medical staff relations, financing, personnel and nursing service. Attention will also be paid to hospital-community relations, including such subjects as care of the aged, the chronically ill, home-care and the integration of public health facilities.

The Park Plaza Hotel in Toronto is the gathering place for the institute; registration fees are \$5 for members of the College, \$7 for non-College members.

Hospital Administrators Development Program

A selected group of experienced hospital administrators will explore the many-sided issues and problems raised by recent developments in the health field during an intensive four-week study program at Cornell University to start July 11. This is the third annual Hospital Administrators Development Program. The program will cover three main subject areas: medical care organization, administration and trends in hospital administration.

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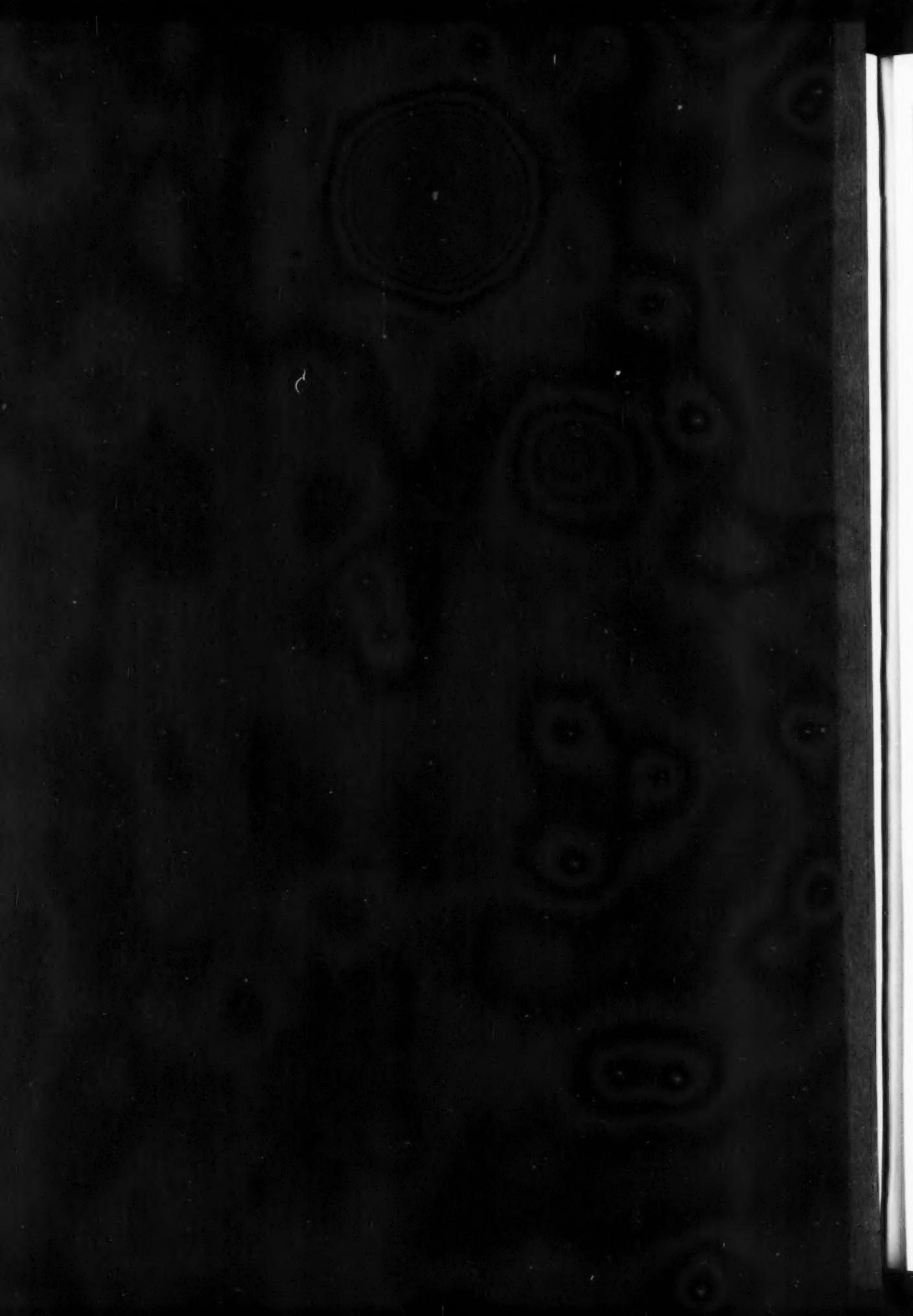
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Obiter Dicta

Bloorview—Hospital, Home and School

IN response to popular demand the institution formerly called the Home for Incurable Children, Toronto, will henceforth be known as Bloorview Hospital, Home and School. In a time when much is being done to aid even those patients who may always require care, the term "incurable" has become obsolete. And, to say the least, it is downright discouraging. The above happy change was announced at the Diamond Jubilee meeting of the board of governors which was held last month. The large gathering of "friends" of the home celebrated 100 years of service to handicapped and chronically ill children in downtown Toronto. It co-incided too with the inauguration of an extended program of rehabilitation and the effort required to acquire the necessary space and facilities for it.

The forty some children at Bloorview are attended by physicians who are also on the staff of the Hospital for Sick Children. Thus when any acute illness occurs or when they can benefit from surgery, they are moved to the larger hospital and looked after by doctors whom they know. The children have regular school hours, under teachers provided by the local board of Education. Certain special subjects are taught by volunteers and, not surprisingly, many talents are developed. Most interesting pottery and painting is on display, singing is enjoyed by all, and the school magazine is enchanting. There is an eagerness to know and a freshness of outlook all too often missing in children who have too much.

One of the problems voiced by the president of the board, Mrs. M. G. Hogarth, is the future of such children. According to the constitution of the home, they must "graduate" to some other institution at the age of 16. At the present time, there is no doubt that most long-term hospitals contain a predominance of patients in older age groups. Little can be done about continuing education, for instance. It is the hope and the dream of the board of governors of Bloorview that

in the days ahead they may be able to achieve a supervised residence, school, and workshop for handicapped teen-agers who need some form of continuous care.

On page 43 of this issue we are glad to be able to publish an excellent article by L. Earl Ludlow of the Department of Public Welfare (Ontario) on the subject "Alternatives to Hospital Care". Is it not possible that the project visualized by the ladies of Bloorview might be yet another alternative?—J.F.

Alternatives Are Necessary

SURVEY returns for our 1960 issue of the *Canadian Hospital Directory* show that many established hospitals are continuing to grow in size and that many new hospitals are being constructed. In a country which is growing as rapidly as Canada, this trend is to be expected. To maintain our present ratio of beds to population and to allow for obsolete facilities, we cannot expect otherwise. However, a third factor which has been causing concern for several years is the ever rising incidence in the use of general hospital facilities. Thoughtful people are searching for possible satisfactory alternatives which would help meet the demands made upon the costly general hospital.

This raises the question of how general the general hospital should be. On the one hand, there are those who envisage the hospital of the immediate future as a composite institution. A unit for the care of the acutely ill could be closely linked, on the same site, with wings for the long-stay patient, the convalescent, and the short-stay psychiatric patient. Some go farther and suggest units for certain categories of the aged. A second school of thought contends that the general hospital should be reserved for the acutely ill bed patient and that other quite separate institutions should care for other types of cases.

The functions of the general hospital, in any given community at the present time, depend on many fac-

tors, not the least of which is complete lack of any other type of accommodation for sick people. This is especially true in the case of long-term patients. To achieve alternative facilities requires long-range planning by health and welfare authorities, social agencies, voluntary associations and responsible citizens in the community concerned. Capital funds must be found and buildings must be designed to provide the maximum in service for the type of persons to be cared for. This is Canada's most challenging problem in the field of health today. If the public does not grapple with it now, the rising cost of establishing and maintaining acute general hospitals will sooner or later force the issue. As a beginning on the larger problem, we should like to see units in operation which would serve patients who are undergoing diagnostic procedures and who are able to do so on an ambulatory basis.

On Being a Trustee

THROUGHOUT Canada many thousands of public spirited men and women serve their fellow citizens as hospital trustees. Usually a trustee is chosen because he is successful in his own business or profession, is active in community affairs, and has a genuine interest in people. No doubt there are trustees who have been offered such positions for other reasons. Their names alone may offer prestige to the institution, for instance. On the other hand there are those who seek membership on a hospital board to get their names before the public, perhaps as a stepping stone toward politics or with the thought that it might lead to business advantage.

Now the hospital trustee, if he is to carry out the real obligations of his office, must possess to a high degree the accepted virtues, must be willing to devote considerable time to hospital business on a voluntary basis. He must be prepared to render service in situations which are frequently difficult and thankless. As Dr. Letourneau has pointed out in his recent book, *Hospital Trusteeship*: "The hospital trustee must be known as a dedicated public-spirited person who loves his neighbor as himself and desires to help his fellowman—a philanthropist in every sense of the word."

The trustee needs to have more than good intentions. He should be thoroughly well-informed about his own hospital and the field generally. This takes time. As a beginning, an orientation program for the new trustee is very helpful. By the time he becomes familiar with the lay-out of the hospital and the purposes of its various departments, he will have begun to learn words and phrases which were at first meaningless to him. Before he can begin to understand all that is implied in the term "good patient care" he must read widely, attend regional meetings and, on occasion, travel to other centres.

Much, indeed, is thus asked of people who are usually busy enough in their own vocations. Yet it is true that the busiest people are those to whom the community looks when leadership is needed.—G. McC.

Pulse-Taking

IT has been stated that if you wish to know your hospital from the patient's point of view, you should have some experience as a patient. Those administrators who, for reasons of health, have had to become patients are the first to admit the truth of this maxim. This experience can reveal surprising strength and

weakness; it can bring knowledge that could not be attained in any other way.

Few administrators have the opportunity to learn in this way however. So what alternatives are available to them? Most of them spend considerable time strolling through wards and departmental areas in an apparently casual manner. The objective observer can learn much in this way. It is a form of institutional pulse-taking which most administrators practice to good advantage.

In trying to assess the hospital through the patient's eyes, some administrators circulate questionnaires wherein the patient is invited to make comments on specific services or general comments. Tabulation of answers received, at frequent intervals, will often reveal a pattern of dissatisfaction which was quite unknown until pointed up in this way.

Aside from the common complaint that the coffee was cold, patients often make comments concerning admission procedures or delays in the emergency department. The most frequent one is about being kept waiting. Most people do not understand the importance of the statistical data they are required to provide at the time of admission and they consider most of the questions asked quite unnecessary. For this reason the admitting supervisor must have a high degree of tact and judgment. This applies as well to all personnel in the department and they must be organized to handle routine admissions in an efficient manner. Even more important, when seriously ill or injured patients are involved, the whole hospital will be judged by the way in which admission personnel meet the situation. The briefest delay in such circumstances seems a long time to exasperated and worried relatives to say nothing of the suffering patient. The smart administrator will try to ensure that good public relations are fostered at such times.

More Comfort for the Aged

IN this issue we feature two homes for the aged in Ontario which reveal the modern trend in this type of accommodation. Kipling Acres in the township of Etobicoke, about 15 miles from downtown Toronto, is one of a chain of homes being established by the municipality of Metropolitan Toronto (See the following pages.) This home is in the nature of a long term care unit for old people who require supervision and assistance every day, if not always medical care. While they are divided according to their various capacities and encouraged to do as much as possible for themselves, there is a nursing station on each floor. Nearby is Westacres, a block of low-rent apartments, designed for the use of old people who are well but financially unable to afford proper housing. In case of illness, they can readily be moved to Kipling Acres or, for special medical treatment, to a general hospital. Here is provided ideal care for senior citizens in a pleasant rural setting. One disadvantage should be noted. For the present at least, the home is a long way from the city proper and it must be difficult and possibly costly for relatives to visit the residents of either of these units. In Europe, we understand, the trend is to keep such institutions in the heart of large cities.

The second design shown this month is an addition to the existing home at Walkerton which will eventually be replaced by an extension of the new section. (See page 44.) It is interesting to note the contrast between the earlier tall pseudo-gothic style and the low modern design so much more suitable for elderly residents.



*at Kipling Acres Home for the Aged and
Westacres Apartments, Etobicoke, Ontario*

PROGRAM FOR THE AGING

THE municipality of Metropolitan Toronto is developing three main programs in an attempt to keep pace with the needs of its senior citizens. These are:

1. Providing homes for the aged. At present there are 1,749 beds in four homes. Future plans call for two homes accommodating 265 beds in each home and a 45-bed addition to an existing home.

2. Providing low cost housing and low rental and moderate rental housing. The present elderly persons' low cost housing consists of 719 units in five separate locations. Two hundred and ninety-six units are under construction, 232 units are to be constructed in the immediate future, and 974 units in five locations are in the planning stage. The low rental and moderate rental housing consists of 1,043 units. One hundred and fifty-five units are to be constructed in the immediate future and 1,033 units in four locations are in the planning stage.

3. Providing a special home care program in private homes in the community for those elderly people who would benefit from this type of care.

How are these programs fulfilling the needs of the senior citizens of Toronto?

The program for the care of the aging is the direct responsibility of the Department of Welfare and

L. A. Quaglia,
Toronto, Ont.

Housing of the municipality of Metropolitan Toronto, of which Robert J. Smith is commissioner. In general, those who are admissible into this program are persons over the age of 60 who are *bona fide* residents of the municipality.

The objectives of the first two programs—the homes for the aged and the elderly persons' low cost housing—may be observed by examining a 10.6 acre development in a north-west suburb of Toronto, the township of Etobicoke. This township is located 15 miles from downtown Toronto. On this site there is a 260-bed home for the aged, Kipling Acres, and a 128-suite elderly persons' low cost housing unit, Westacres. Kipling Acres Home for the Aged was officially opened on November 6, 1959; the Westacres apartments were officially opened on January 31, 1957.

Kipling Acres has been constructed on a north-south axis. The building is of reinforced concrete and brick construction and has been designed to give a maximum economy of structure, services and planning.

The author is the superintendent of Kipling Acres Home for the Aged.

General Design

The building has four floors, no basement. The first floor contains the administration and non-medical services, and the upper three floors contain the wards and the medical services. The building has been planned around a central core containing elevators, staircases, and in the upper three floors, the nurses' stations. This plan reduces circulation of traffic to a minimum.

The entrance to the home is situated under the cover of a carport. It leads into a spacious and well-lit foyer, containing the elevators, staircases, tuck shop and reception area. A chapel is situated to the immediate south of the foyer. There is a parking area at the east end, the rear, of the building.

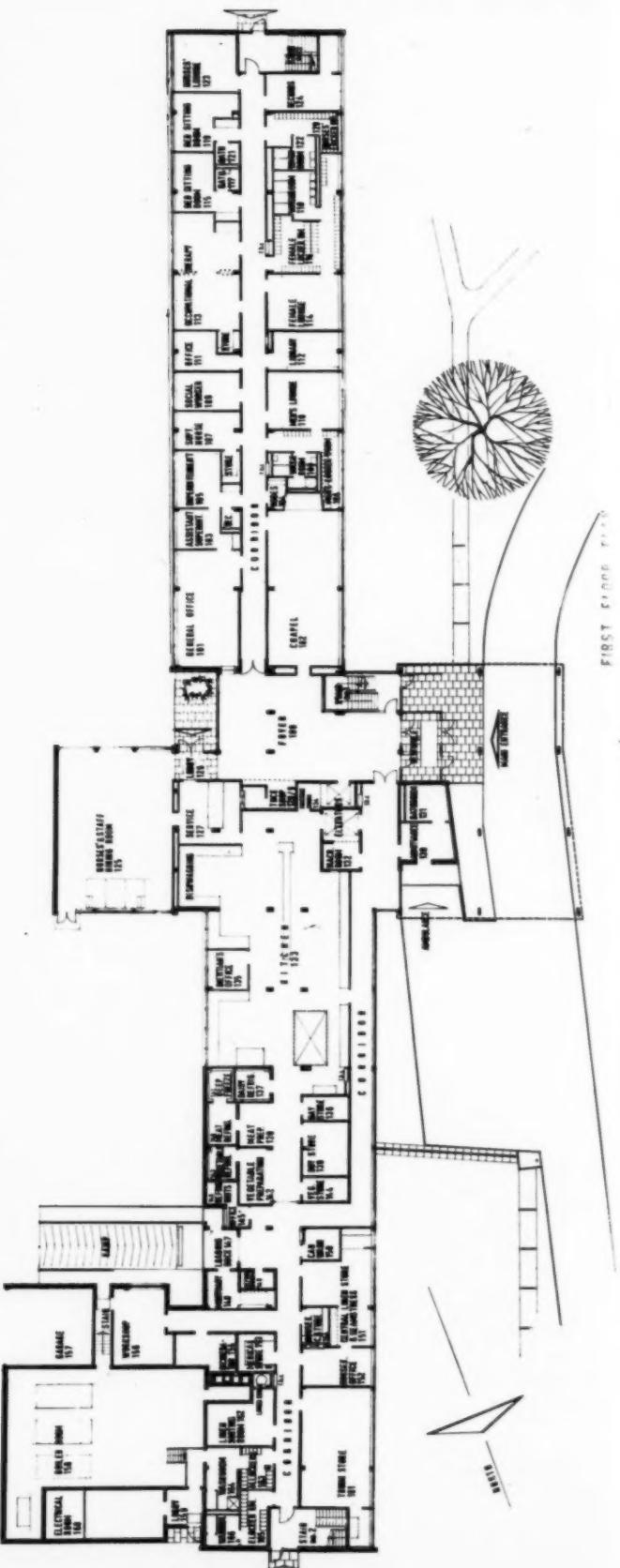
The south wing of the first floor houses the administration offices, staff washrooms and lounges, resident library, storage rooms and bed-sitting rooms for the superintendent of nurses and the house-keeper. To the east and off the foyer is a staff dining room. This room has a movable platform and serves its second function of being an auditorium very satisfactorily.

The north wing, proceeding north from the foyer, contains the kitchen, receiving and stores area, mortuary, linen rooms, resident trunk storage room, and boiler room. A corridor around the west area of the kitchen keeps traffic outside of it. The building has no laundry facilities; all laundry for the homes operated by the Department of Welfare and Housing is done in one home. The resident trunk storage room is large enough to accommodate personal items that residents wish to store.

The boiler room block is separated from the main block at the north-east corner. Incorporated in this block are the boiler rooms, garbage, workshop, and electrical rooms. The mechanical plant has been designed to operate without any manual control. The official rating on the plant is such that a qualified engineer is not required. A handyman, on a 40-hour work week, has the responsibility of the boiler room and the maintenance functions of the building.

Heating of the building is by thermostatically controlled forced hot water — 76 degrees F. on the wards, 78 to 80 degrees F. in the resident bathroom, 72 degrees F. in the staff rooms and offices, and 65 degrees F. in work and storage areas.

The ward floors are principally



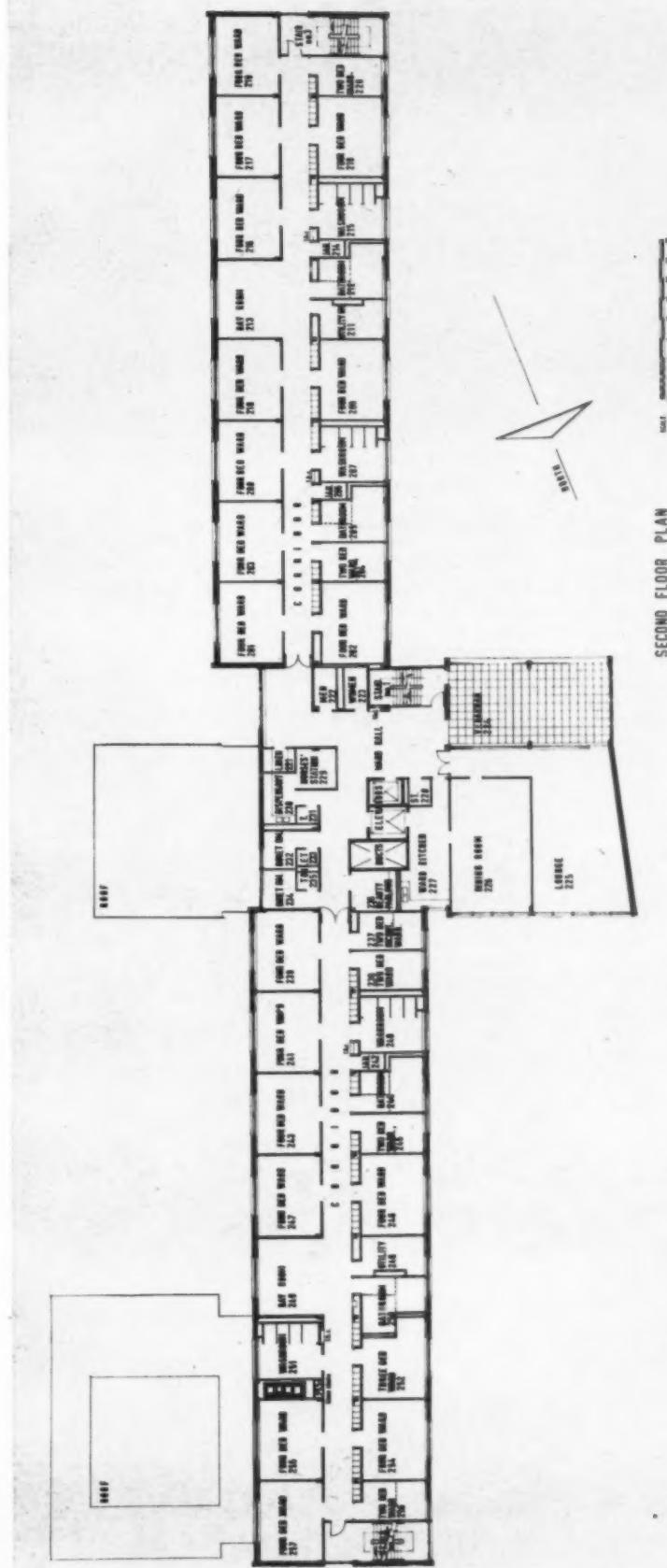
identical in layout with the exception of the third floor which houses the doctor's office, laboratory unit and physio- and occupational therapy units. Each floor is divided equally, the centre being the nurses' station which is placed to give control over each wing. This effect has been obtained by staggering the central corridor at this point. The staggering has helped to reduce visual length and to remove the institutional atmosphere. This plan has meant that the division of beds for male and female patients is flexible and may be altered according to requirements. The central area leads out onto a verandah.

In a short wing to the west are situated the floor dining room, which is separated from the core by the floor kitchen, a day lounge and the verandah. A day room is located in the centre of each wing. It is open to the corridor and provides a common room atmosphere. Resident bathrooms, washrooms and utility rooms located in each wing of the floor serve their wings with a maximum of convenience for both staff and residents. Lockers for each resident are built into the west wall of the corridor and a grab rail is provided on the east side. Each resident also has a bedside table for storage of personal items.

The physical facilities at the Kip-
ling Acres Home for the Aged are
vastly different from those in a
home for the aged of a few years
ago. The facilities imply a broad
program to fulfil a changing de-
mand and to accommodate all those
in the community who need its
services.

Admissions

Admissions
Admissions to Kipling Acres are based on the policy that the applicant has resided in Metropolitan Toronto 12 months, that he or she is over the age of 60, that he is unable to look after himself in the community and that he requires bed or semi-bed care. This may mean a person with a medical condition common to the aging — atherosclerosis, chronic brain syndrome with senile brain disease, Parkinson's disease, osteo-arthritis, slight hypertension, cerebral sclerosis and slowly degenerative change. It may imply that the old person's defences have broken down and that he is reacting severely to a loss of status, personal, social or financial. With this group, such attention-getting behaviours as irritability, stubbornness, hoarding, incontinency, temper tantrums, suspiciousness, depressiveness and im-





Main Foyer



Day Room

patience have become the norm of life. An individual with such a medical or emotional problem may be defined as one who cannot look after himself in the community.

The admission procedure is initiated by a request being forwarded to the welfare officer of the municipality in which the applicant resides. There is an office in each of the municipalities which make up the Metropolitan Toronto area. (This includes the city of Toronto and 12 outlying suburbs). The social service unit of the Department of Welfare and Housing is then contacted and all the required correspondence and medical reports are completed. These reports are then submitted to a medical advisory board which sits bi-weekly. The board reviews the applications for approval, recommends the type of care required, and advises the applicant regarding admission. All reports and correspondence precede the applicant to the home.

Goals

Kipling Acres provides the necessities of life:

1. A roof, proper ventilation, three balanced meals per day, and snacks in the evening.

2. Clothing for those residents of the home who have no financial means.

3. Spending money for those who have no finances.

4. Complete medical, nursing and dietary care, and, for those who will benefit by it, physio- and occupational therapy treatments.

5. Incentives and mental stimulation for each resident in the home. This covers such facets of life as providing the residents with something to do and giving them an objective.

The home also provides the comforts of life:

1. Adequate living conditions for the elderly person are provided, i.e., an attractive, warm, clean place to live in homely surroundings and in an area of spotless housekeeping.

2. Surcease from such burdensome cares of the world (at this late stage in life) as having bills to pay, fires to make, and food to cook.

3. A planned social and recreational program directed to the needs of the individual. This program consists of such activities as television, Hi-Fi music piped throughout the building, occasional outings for those medically able, bingo and euchre games, movies, concerts, birthday parties, variety shows and occupational therapy.

4. A religious program directed to the spiritual needs of each individual. The superintendent of the home, together with ministers and priests in the area, have drafted a religious program for those residents who wish it.

And, of course, Kipling Acres gives the medical necessities of life: the medical needs of the residents are the responsibility of the house physician. The various clinics at the out-patient departments of the teaching hospitals are used by the house physician for any referrals that he may require. Residents are admitted to hospital for any acute treatment that may be required.

Program

Kipling Acres follows a strict procedure in order that all residents are incorporated into the planned program of the home. The day following admission, the house physician examines the resident in order that a medical program can

be initiated. A week after admission the superintendent of the home, the superintendent of nurses and the house physician meet to begin a groundwork for the program. The principle followed in this program is that it is conceded that when people become old enough, physical and mental disabilities are likely to develop; that the mental disorders of old age are almost always associated with organic brain changes; that in many instances emotionally disturbing problems seem to serve as precipitating factors in general or specific deterioration from which the aging person may or may not recover; but that if the person is able to live an emotionally satisfying life, the time of deterioration can be postponed.

In the program that the home develops for the resident, the factor that is stressed is teaching the resident to help himself. The major problem that must be overcome for each individual is the means of producing a self-help program painlessly and with the full co-operation of the resident. The major reason for this problem seems to be that many people anticipate, before admission, that they will be waited on completely, regardless of their power to help themselves.

The problem is overcome with an infinite amount of patience and persistence on the part of the staff at the home. It has been found that if the resident finds a reassuring and supportive figure, he will perform seemingly miraculous feats at times (such as using long unused muscles) in order to remain in the good graces of the potentially helpful person. This factor is made use of especially in the therapy areas of the home.

Shortly before the opening of

Kipling Acres, the superintendent of the home met with a few members of the Etobicoke Red Cross Visitation Committee to formulate plans for a women's auxiliary. It was decided that this committee would be the hub of the auxiliary. The purposes of the auxiliary have been to provide the residents of the home with personal friends, to assist in offering a diversified recreational program, to serve as an education and public relations medium, and to instill in the residents a feeling of community belonging.

These functions have been fulfilled by operating for the residents a beauty salon, library and visiting service. The beauty salon is open three times a week, and the library already has reached the 1,000 book level mark. Members of this visiting group usually become friendly with residents and do such things as write letters, listen to stories and run errands for their friends.

The major recreational activity of the auxiliary is the monthly birthday party. Twelve Red Cross units participate in this gala monthly affair — one month is allotted to each unit. This unit is responsible for providing refreshments, presents and entertainment for that party. The party, which is held in honour of those residents whose birthday falls in that particular month, is celebrated in the auditorium. All the residents in the home participate.

Community interest has also been fostered by encouraging service groups to participate in the entertainment program of the home. For example, the local Kiwanis Club and Pilot League of Canada sponsor monthly bingo games.

In order to complement the resident-community relationship, organizations have been encouraged to let residents perform such small and worthwhile tasks as folding association brochures. With these projects fully established, the residents of the home are being stimulated into activity and into retaining the feeling of community belongingness.

In summary, it may be noted that Kipling Acres provides in addition to the medical, nursing and dietary care, psychological needs by creating an atmosphere of self-respect, self-confidence, security and a sense of belonging. The residents are made to feel important to the community and are provided with normal social contacts with their fellow men. Each person has been given something to which to adjust,

based on the degree of organic deterioration. In this sense, one may conclude that Kipling Acres is not an isolated institution but is a vital and busy community geriatric centre.

Westacres

The Westacres apartments provide a different objective in order to fill the needs of those senior citizens of the community who do not fall into the above medical-emotional category. These apartments provide an independent living arrangement for those who do not require the amount of care supplied in full boarding or institutional care.

The apartments were built by the Metropolitan Toronto Housing Company Limited. The company, which is provincially incorporated, was founded in 1954 by the municipality of Metropolitan Toronto in order that the municipality might avail itself of the provisions of the limited dividend section of the National Housing Act. Westacres and all other elderly persons' low cost housing developments are operated under the direction of the Department of Welfare and Housing.

Retirement at the age of 65 or 70 usually means a reduction in income. With this reduction comes the problem of finding accommodation within the new income. Here a principle that may be stated is that when the profit motive is paramount, our older people are at the bottom of the landlord's list of desirable tenants — and the cheapest rooms are usually the least desirable for the aging. Such problems as overcrowding, stairs, improper ventilation and lack of needed facilities are only a few of the negative elements that come into existence at this late stage in life. These problems are all eliminated when each retired couple or single person moves into Westacres. The tenant has peace of mind, knowing that regardless of finances, he will have a comfortable residence of his own for the rest of his days.

Coming to the apartments means moves and changes. Moving requires a breaking of old ties. When one tenant was asked about this his retort was "Concerning old ties, let's not allow ourselves to become too sentimental about what we left

Westacres Apartments



behind when moving to the Westacres apartments. Old ties can mean many things, from friends to the corner pub. It might so happen that it was a relief to get rid of some of the old ties and begin life afresh in a new community. It is possible, however, to still retain the friendly old ties at this distance." The elderly gentleman who made this statement had previously lived in the Jarvis-Wellesley section of Toronto, an old residential downtown area.

Suburban living seems to have coincided with some of the needs of these tenants. A retired clerk who resided in downtown Toronto in his younger days has remarked to me that suburban living means "quietness and ease, plus comfort as provided for in the facilities to be found in Westacres." His philosophy is that the quietness of suburbia brings the social problems of aging into focus. He himself has learned to absorb the essentials of life — the melodies of sound, the colours in flower and tree and the songs in poetry and prose. He says: "If I don't, then I will seek relaxation in being a misery to myself and to my neighbours."

Another retired worker who likes to work with his hands has realized that when he passed the age of 70 he could no longer perform such heavy tasks as swinging a pick. He has now learned to spend his time helping his wife with the apartment chores and, when the weather allows, checking into the developing suburban community, of which he feels he is a member. He is content in his membership in the community, in his pension income and in his independence.

For this type of tenant, Westacres has meant that lifetime security has been obtained and that there is no longer the necessity of performing such undesirable tasks (for the older generation) as mowing lawns, repairing plumbing, coping with increases in rent or taxes, and otherwise maintaining their own homes. It has meant that the non-essential furniture which has been accumulated over the years is disposed of and that the chore of going from room to room is eliminated.

When others moved into Westacres, they could not adjust themselves to finding enjoyment in such simplicity. This group formed an association to find recreation for its own community. The association was called The Kipling Heights Senior Citizens' Club.

When the Kipling Acres home was completed, representatives from the association and the superintendent of the home met to discuss a recreation program. It was decided that the home would provide facilities to the senior citizens' club. The association would seek to provide recreation for its bi-monthly meetings. The residents of this miniature subdivision found community support. This support has included such a range of activities as providing transportation to major around-town events, sponsoring bingo games, showing movies and conducting musical programs in the auditorium of the home. All the tenants in Westacres have been extended an invitation to attend the recreation, entertainment and religious activities of the planned program for the residents of the home. This invitation has been accepted because activity is always available.

The proximity of Kipling Acres has also added to the security of the Westacres residents. Some who were troubled with the problem of "What will become of me if I become incapacitated or ill and unable to look after myself?" have this alleviated whenever they look across the landscaped ground to the home. For each tenant has the comfort of knowing that he will be cared for if the need should ever arise.

This security has been further enhanced by the fact that the tenants are actively participating in the handicraft, recreational and entertainment programs of the home. In the handicraft program, such articles as etchings, aprons, paintings, jewellery, et cetera, are being produced and sold. Hair permanents, waves, and shampoos are all given at the beauty salon.

The fact that the tenants of Westacres consider the home a second home, also will help them to adjust more easily if a time comes when they are admitted to a home for the aged.

Westacres apartments may be seen therefore, as meeting a need for the senior citizen by encouraging and maintaining his privacy, freedom, and security through the provision of adequate and realistic housing which has taken into consideration the maintaining of his potential for independence. The success of Westacres has been due to building on the great qualities and assets of the desire, will and ability for self-care and independent living.

Home Care

The third program which has been developed for the senior citizens of Toronto, is the special home care program. This program is designed for an interchange of residence between the homes for the aged and a residential home in the community for those who are in good physical and mental health. This group usually consists of those who have no friends or relatives in Toronto, or who have no space for accommodation, and who are desirous of living in a residential manner. The program is directed by the social service unit of the Department of Welfare and Housing.

Special home care is offered, therefore, to those elderly persons who are ambulant, have an ordinary diet, do not require medical and/or nursing care, do not require regular clinic attendance, are reasonably physically able to care for personal needs and have a reasonable capacity for adaptability.

The private homes used in the home care program are in the area of the municipality of Metropolitan Toronto. They must meet the following standards — a maximum of six guests of any kind, exclusive of family, are allowable in the home; the home provides well cooked meals in happy surroundings; the elderly person is provided with clean, airy rooms with adequate bedroom and cupboard space; the guest does not cause overcrowding, i.e., a member of the family having to sleep in the living room as a result of the guest; there are no fire hazards; there are safe staircases, and there is a genuine interest in older people on the part of all the family living in the home.

A social worker visits the home housing a guest as often as the worker deems it necessary. If a guest becomes ill with anything more than a mild and temporary indisposition, he is transferred to the local home for the aged or, if necessary, admitted to hospital.

The municipality of Metropolitan Toronto has developed a program that caters to the needs of its aging population. The program coincides with desire to provide independent and semi-independent living until the point of a physical or emotional breakdown is reached by the individual. At this point, or when the breakdown is first noticed, the homes for the aged meet the needs of these elderly people who require institutional care. ■

Food Service at Kipling Acres

Mary MacEwen,
Toronto, Ont.

THE kitchen of Kipling Acres is located on the first floor of a four-storey building which houses 260 residents. The compact kitchen contains: a vegetable preparation area, a vegetable storage room, three walk-in refrigerators, two staple goods storerooms, a main cooking area, a bakeshop area, a special diets section, a pot room area, a dishwashing area, a truck storage section, a conveyor belt and a dietitian's office. The receiving area, garbage can washing room and room for refrigerated garbage are located adjacent to one end of the kitchen.

The meal service is centralized and food is kept hot and appetizing by means of an insulated stainless steel container in which is placed a heated pellet (450 degrees F.). The dinner plate (which has also been heated) is then put on top of this and the food is protected with a bowl-shaped, heated, stainless steel cover. This system will keep food hot for one hour. Completed trays are transported in tray trucks, which have a capacity of 20 trays each. They go to the various floors on an elevator located approximately six feet from the end of the conveyor belt line.

On the second and fourth floors there are two types of meal service. Ambulatory residents, and those who are wheel-chair cases, come to

The author is chief dietitian for the Department of Welfare and Housing, the municipality of Metropolitan Toronto.

the dining room which is located on the floor where the resident lives. The remainder of the residents are bed-ridden and must of course receive their meals in their own rooms.

The third floor residents are complete bed-care cases and all require aid in feeding themselves as well as constant supervision.

Our residents are encouraged if it is at all possible to come to the dining room for meals, as the simple process of walking to and from the dining room has proved to be of excellent therapeutic value. Besides this, the social aspect of community eating is important. Also, conversation at meal time with one's fellow residents tends to make a person forget his own troubles and increases tremendously his interest in the world around him.

Adjacent to the main kitchen is a small cafeteria, used primarily by the staff at Kipling Acres. However, it is also open to the residents during the day should they desire a snack or a cup of tea between meals.

Menus

The menus are planned to provide a nutritious, well-balanced diet for elderly people. The main meal is served at noon and a lighter meal prepared for supper.

A sample menu is as follows:

Breakfast
Orange juice
Cream of wheat
Toast
Marmalade
Soft-boiled egg
Coffee or tea

Dinner

Vegetable soup
Roast beef with gravy
and Yorkshire pudding
Mashed potatoes
Diced carrots
Bread and butter
Apple pie

Supper

Cream of mushroom soup	Supper
Macaroni and cheese	
Tossed salad with French dressing	
Bread and butter	
Peaches with sugar cookies	

* * *

The residents are also provided with refreshments before retiring at night.

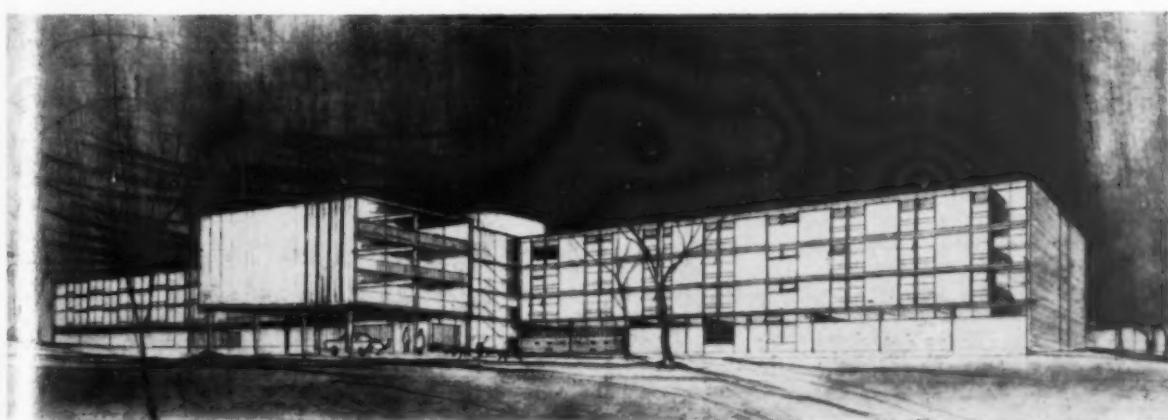
Approximately 35 per cent of the residents require special diet therapy. These are primarily diabetic, low salt, gastric and reducing diets. Menus are made up for these residents which follow the main menu plan as closely as possible, with substitutions, additions and deletions where required.

At the present time we have no selective menu. However, preferences are watched very carefully and should a resident indicate a dislike for a certain meat or vegetable, then a substitute is given to that resident whenever the disliked food is on the menu.

Several factors must be taken into consideration when planning meals for elderly people. Many of them do not have teeth and therefore require minced or very soft foods. Often, too, their taste buds have diminished in effectiveness over the years. Because of mental outlook, there are those who require constant coaxing and cajoling to be persuaded to eat, and so the meal must be appealing at all times.

We have found that our senior citizens prefer well-cooked, simple foods. They do not care for highly-spiced dishes, nor are they wont to try a dish with which they are not familiar.

Most of them have formed definite food patterns during their lifetime, and it has, at times, been difficult to change an individual's habits in order to provide him with an adequately balanced diet. ■





Answers to an Aging Population

in Great Britain and Ireland

IT has been said that by eliminating the illnesses of youth and middle age, we increase the problems of the aged. Certainly our life expectancy is gradually creeping up and some say that in the not too distant future, passing the century mark will not be uncommon. If this is so, all I can say is that the ladies, like Jack Benny, will be celebrating their 39th birthday a lot longer than their mothers did.

For many of us old age might well be included in the adage of death and taxes being the only certainties. Therefore, this phase of life should concern all of us if only for selfish motives. I hope, therefore, that you will not take umbrage if an architect describes his observations and perhaps some conclusions arrived at from fleeting visits to some geriatric units in Europe.

Perhaps the first comment that should be made is that because of our increasing life span there will be a continuing increase in the average age of patients being admitted to our general hospitals. My medical friends tell me that some of the major problems facing medicine today are those concerned with the diseases of degeneration as for all practical purposes the infectious diseases are nearly under control.

One would assume then that physicians are becoming more interested in diseases of the aged. But I am not sure that this is generally so in Canada, and for various reasons.

From an address to the Associated Hospitals of Alberta, Oct. 1959. Mr. Hughes is Chief of the Hospital Design Division, Dept. of National Health and Welfare, Ottawa.

H. G. Hughes, F.R.A.I.C., A.R.I.B.A.
Ottawa, Canada

First, the results of treating a long-term illness are not as gratifying as the more spectacular recoveries of those in the younger age groups; second, the mundane consideration of adequate compensation is not always commensurate for the time and effort often required in treating geriatrics; and finally perhaps the eccentric and neurotic elderly patient can be annoying and time-consuming to the busy physician and turn him from such a specialty.

In Great Britain the National Health Plan solved one problem, namely, adequate compensation for this particular branch of the medical profession. On the other hand, until quite recently all hospital building, other than emergency repairs, has had a very low priority in the program of national recovery. Therefore, with no additional beds for patients, existing facilities had to be used to the maximum for the greatest number. Particular effort was centered on the geriatric patient, to instigate treatment so that the patients, like any other group, could be rehabilitated to a point where they could return to society, if at all possible. What has already been accomplished in this field appears, to the layman, as most encouraging and heart-warming.

It was my good fortune to meet three authorities in Great Britain whose major interest was the care and treatment of the elderly. There are of course many others who are accomplishing a great deal in the field of long-term patient care, but unfortunately for me, time would

not permit a visit to these other centres.

Since 1908, when Lloyd George first introduced old age pensions, parliament has introduced many acts of legislation as a result of the increased focus on the problems of old age. Even in 1940, when Great Britain was fighting for her very existence, an act was introduced recognizing the principle that old age pensions should provide incomes on a subsistence level all this to be "in such a manner as may best promote the welfare of the pensioners."¹

Then the Beveridge Report (1942), although mentioning the problem of aging as one of the utmost importance to social security, stressed the immense financial burden which the community must bear in making adequate provision for the aged. In a further report in 1948, Lord Beveridge points out that subsistence income alone will not satisfy the needs of old age and that welfare too requires attention.

There is also the Rowntree report of 1947 sponsored by the Nuffield Foundation, which has become a standard reference on the problems of aging. Under the same auspices, Sheldon, in 1948, made a comprehensive survey of old people living at home. The findings of this survey imply that the problems of old people, in the mass, are domestic rather than institutional, for 98 per cent of old people were living at home and only two per cent in hostels or public institutions. Due to physical or mental infirmity over seven per cent of old people were causing great strain

¹Old Age and Widower's Pensions Act, 1940, Part II, Sec. 10 (4)

of the younger generation. In a further report (1950), Sheldon states "A purely caretaker policy of homes and institutions alone will not deal with the problems of the aged in modern society"—and he suggests three objectives:

To preserve the independence of old people for as long as possible.

To assist the family in the care of its aged dependents, without at the same time relieving it of the necessity of still taking an interest in the matter.

To ensure that all old people willing to contribute to the total national effort are enabled to do so.

Belfast City Hospital

Dr. G. F. Adams of the Belfast City Hospital believes that hospital geriatric departments with ancillary long-term-stay annexes, resident homes and home care services will do much to obtain the first two objectives and to confine hospital admissions to patients with medical, rather than social problems.

Prior to the development of these facilities, elderly indigent patients were placed in what was known as Poor Law Institutions. The name was not inspiring and neither were some of the facilities, as described to me. One such institution contained a number of large wards after the Florence Nightingale plan, and because of lack of staff and treatment patients were usually bedfast until they died. With discharges being only of the "feet first" variety, the wards quickly became overcrowded, with more and more beds being pushed into them until they were in rows only a few feet apart. Dishes and cutlery were not sufficient and there were only enough to serve one-third of the patients at any one time. Dishes were "dunked" in a tub between courses to permit feeding the next group. One wonders, with trepidation, what the water was like for those who came last. Windows were far apart; paint was of the bottle green institutional variety; rats were not uncommon; and, with a large proportion of the patients being continent, one can imagine the depressing atmosphere.

Having described what appears to be a rather hopeless situation, let me attempt to show how a gradual transformation was achieved in a hospital which had a very similar condition to contend with. I refer to the Belfast City Hospital Geriatric Section, known as Wake-

hurst House. Dr. G. F. Adams is in charge of this unit. His story, like others in Britain, shows what can be done when intensive active treatment of the geriatric patient is attacked with courage, vision, tact and understanding.

When Dr. Adams first took over the unit there were some 500 patients crowded into large, miserable wards, where all that was possible was the practice of custodial nihilism, and even this was not done with any great show of efficiency. His first step was the segregation of those for whom the dominant factors in their illness were social, not medical. These he returned to the community whenever and wherever conditions permitted. Where remedial treatment was indicated and where suitable space was unavailable, re-learning exercises were started for the patients, even if this meant using their own beds. But perhaps the most important point was an agreement with the Hospitals Authority that for every two patients which he returned to society he be permitted to remove one bed. Soon he had sufficient space to get many patients up and to instigate physical therapy on the wards in an efficient manner. The progression continued until he had reduced the patient load to a point where it was possible to consider the renovation of a ward. His success in this regard was delayed, however, when the Fire Marshall, that gadfly on the conscience of all who work in antiquated buildings, condemned a ward on the third floor as unfit for patient accommodation. However, perseverance continued the process of bed reduction until, once again, it was possible to consider renovating the wards. It is this work and the reasons for the change that are of interest and help us in analysing our own needs in this field.

The first and probably the most expensive item was the doubling of the number of windows in these wards. Fresh air and sunlight are important. We know that good light is necessary for elderly people whose eyesight may be impaired. This applies to artificial lighting of the rooms as well, and particularly to bedside lighting, as reading is one of the greatest joys to some elderly people. It is also important for patients to be able to see out and down from windows when either in bed or in wheelchairs. I know of one of our hospitals for the chronically ill where windows are so high that this is not possible except for one window

at the end of each corridor, and it is pathetic to see patients in wheelchairs crowded around this window trying to satisfy their need to know what is going on in the world outside. Many windows in overseas hospitals were seen with sills six inches from the floor, plus a protective bar across them which allowed patients to look down onto gardens or adjacent streets. If high window sills are already a part of the structure, then periscopes would be a practical solution particularly for those who may be bedfast.

If a large ward is divided by partitions, then more space becomes available, as beds can be placed parallel to the exterior walls, with bed heads against the partitions. It was considered most important that the nurse should be able to see her patients, because old people are liable to become confused and try to climb out of bed, with accidents resulting and, therefore, these partitions are glazed.

As a considerable amount of physiotherapy is carried out on the wards, a generous space is made available for this work, and parallel bars formed in a "U" are located here, permitting a number of patients to use them at one time without interfering with each other. Beds are generously spaced about six feet apart, so that wheelchairs can be kept beside them and exercises carried on around them.

I was struck by the resemblance these renovated wards had to our concept of a paediatric ward, principally because of the need of staff to have continuous observation over the patients. To carry this thought a little further, we find patients in our general hospitals segregated by specialties such as medical, surgical, obstetrical, et cetera, and then we add paediatrics, which is a segregation by age, but we do not find a segregation by age at the other end of the scale nearly so common. Can it be because we have many more paediatricians than we have geriatricians, or is it because the elderly patient requires a longer stay in hospital, resulting in a need for more beds with often a lack of facilities to discharge those patients who have been rehabilitated, thereby causing bottlenecks in the flow of patients through the units?

It might be of interest to see the flow of elderly patients through the geriatric unit of the Belfast City Hospital. With an average admission of 650 patients per year

(continued on page 72)

Alternatives to Hospital Care

THREE is no one solution to the problem of relieving the pressures upon hospitals. But, it seems obvious, that there are certain alternative types of care which can provide the necessary services to persons who would otherwise occupy active treatment beds. Many patients would require shorter periods of hospital care if the other existing facilities were developed and used to better advantage. At present, we have a variety of services which lend considerable support towards relieving the demand for hospital beds, as well as for hospital care and treatment. Each of these is being heavily subsidized by the province. With the exception of the charitable institutions for elderly persons, these services are administered by local municipalities.

Home-making and Nursing Services

The use of a capable homemaker to maintain the household and the family as a unit can be far-reaching in eliminating the necessity for hospital care. It frequently happens that a mother beset by illness could remain in her own home with her family with the help of a homemaker. Under the provisions of the Homemakers and Nurses Services Act, qualified homemakers carry out necessary household duties, give practical nursing care to the mother and look after her children during the daytime hours.

This is also true for many elderly persons who require a measure of help for temporary periods. In many instances, the preparation of a meal, the tidying up of the premises and occasional shopping services are all that are required. In this way, many of our older citizens are able to remain at home rather than having to be cared for in hospitals or in other institutions. If adequate nursing care is also provided in

The author is the Director, Homes for the Aged, Department of Public Welfare (Ontario). From a paper given at the Ontario Hospital Association Convention in Toronto, October, 1959.

L. Earl Ludlow,
Toronto, Ontario.

the home many convalescent and chronically ill persons could be discharged from hospital.

The Victorian Order of Nurses at this time is serving approximately half the population of Ontario. Through local branches, this Order, as well as other nursing service organizations, can be used by municipalities to give home nursing care to many of their cases. An arrangement of this kind is provided for under the Homemakers and Nurses Services Act. In some counties and districts, where nursing care organizations are not available, the municipality may employ nurses directly to provide the necessary services, or make an arrangement on a fee-for-service basis with a private nurse. Arrangements could also be made to use the services of nurses already in the employ of county health units or municipal departments of health.

Nursing care provided to persons in their own homes generally includes such services as injections, medications, dressings, bathing, as well as the giving of instructions in home nursing care to speed the recovery of the patient. Elderly persons, in particular, can benefit greatly from home nursing care; but there are also many cases involving families where the regular visits of a nurse to the mother, or other member of the household who may be ill, may prevent the need for admission to a hospital. It will be recognized that the medical profession and hospital authorities will have to collaborate closely with the responsible municipal officials towards making this program a success.

The costs of homemaking and nursing services vary throughout the province. Those who use these services are expected to pay the fees applying in their area insofar as they are able. Where persons are unable to pay the fees charged, either in whole or in

part, they may apply to their local municipality to have the fees paid for them. The province, in turn, will reimburse municipalities to the extent of 50 per cent of the expenditures in providing these services. The maximum fees for which the province will contribute are \$8.00 a day for the services of a homemaker and \$2.50 for each visit of a nurse.

Nursing Homes

In Ontario, there are many privately operated nursing homes with a considerable variance in the type and quality of the services rendered. In the main, however, they provide care for chronically ill persons, mostly in the older age groups. Many of these persons suffer from the debilitating effects of old age, arteriosclerosis, arthritis and the like. Others are terminal cases requiring some measure of constant nursing attention. Very little purpose can be served by placing them in hospitals—or in leaving such persons in hospital—because they are not amenable to the treatment.

Commencing April 1st, 1958, provision was made in the Regulations under the General Welfare Assistance Act (formerly the Unemployment Relief Act) for the province to share with municipalities in nursing home care for needy persons. The province contributes 80 per cent of the cost of such care up to a maximum of \$80 monthly. To qualify for this provincial subsidy, the municipality is required to license the nursing home, in which the needy person is placed, under a municipal by-law. The provincial Regulations set forth the minimum standards of care and service which are to be written into the by-law and which are to be observed by the nursing home in order to be licensed or to have the license renewed yearly.

For provincial sharing purposes, we are only concerned with those nursing homes in which the municipality places a person and seek a reimbursement from the province for the cost of his care. This

would involve a limited number of nursing homes when related to the unknown but probably very large number throughout the province. It is evident, of course, that where a municipality passes a by-law to license nursing homes, the by-law would have to be applied to all such establishments within the boundaries of the municipality. In this way, then, it is likely that the standards of nursing home care will be improved generally, although the primary goal in this program is to provide for provincial sharing in the municipal expenditures for nursing home care.

A great many municipalities are participating in this program and have passed approved by-laws to license their nursing homes. It should be noted that, previously, the municipality bore the total cost of nursing home care. In most instances, the homes which they used were unlicensed and not subject to required minimum standards of care and service.

Public Homes for the Aged

Elderly persons require a much greater proportion of medical services than the population as a whole. The expansion in the homes for the aged program in recent years has taken this factor into account and has been primarily directed towards the establishment of facilities to accommodate chronic cases requiring full or part-time bed care. In a modern home for the aged, residents are segregated into three types of care: full or partial bed care for the chronically ill and disabled; special care for those suffering from the effects of senility; and residential care—including accommodation for married couples—for those who are able to be up and about.

There has been a marked increase in the number of aged persons who qualify for care in a home for the aged and no longer require the specialized services of a hospital. Conversely, there remains a very large number of patients in hospitals who could be readily transferred to homes for the aged, if space were available. Municipalities are conscious of his progressive way to relieve the pressure upon hospitals and are increasing bed care facilities in their homes for the aged. Until 10 years ago, beds in these homes were only made available to ambulatory persons. Today, over 30

per cent of all beds in our public homes for the aged are occupied by bed care cases. Many older persons requiring constant care and attention spend their remaining years in the bright, cheerful and hopeful atmosphere of a home rather than in a hospital setting.

The recent experience of the Kenora Home for the Aged can be duplicated in almost every other place. The hospitals in that area were able to transfer twenty "permanent" patients of five or six years' duration to the new Home. All twenty had been totally confined to bed. Within a month or so of their admission to the Home for the Aged, it was found that at least ten of these persons were able to leave their beds and to participate in the normal activities and program of the Home.

The attention required by the elderly persons suffering from senility is one of the most serious problems in the care of the aged. The experience of the Ontario Hospitals points to an ever increasing number of patients who are suffering from the degenerative diseases of old age. If the present trend continues, it is con-

ceivable that the number of persons requiring this specialized type of care will increase four-fold within the next ten years. At the end of September 1959, 56.2 per cent of the residents in municipally operated homes for the aged were in bed care and special care. Metropolitan Toronto recently constructed the Greenacres Home for the Aged at Newmarket specifically to serve cases of this type. (See *Canadian Hospital*, June 1958, page 49.) Some 500 persons obtain all possible care in this home. The capital cost, including land, buildings, furniture and equipment was less than \$5,000 per bed and maintenance costs average about \$5.00 per day.

Public homes for the aged are operated under the Homes for the Aged Act. Almost \$30,000,000 has been spent since 1949 in constructing new homes. These capital costs are shared equally between the province and the municipalities. At present, the cost per bed is approximately \$6,000. Operating and maintenance costs are also shared by the province on a 70 per cent provincial and

(concluded on page 96)



Award at Quebec Meeting

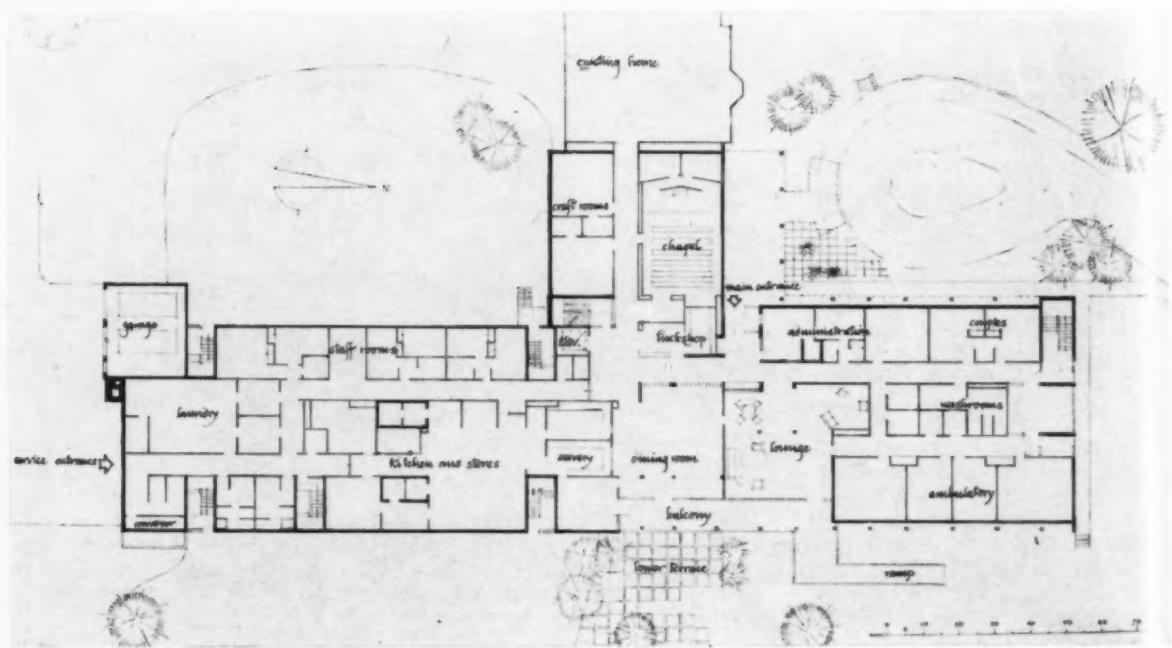
A pleasant feature of the Quebec Hospital Association Meeting (see page 48) was the presentation of the Robert Woods Johnson Award. Each year Johnson and Johnson Ltd. make an award to the member of the graduating class in hospital administration who shows the most promise for a continuing contribution to the field, both at the University of Toronto and at the University of Montreal. The recipient this year in Montreal was Dr. Gilbert Blain, now assistant medical director, Hôpital Notre Dame, Montreal. The president of Johnson and Johnson Ltd., John Macdonald, made the presentation to the Rector of the University of Montreal, Msgr. Irénée Lussier, who in turn presented the award to Dr. Blain.

BRUCE COUNTY HOME FOR THE AGED

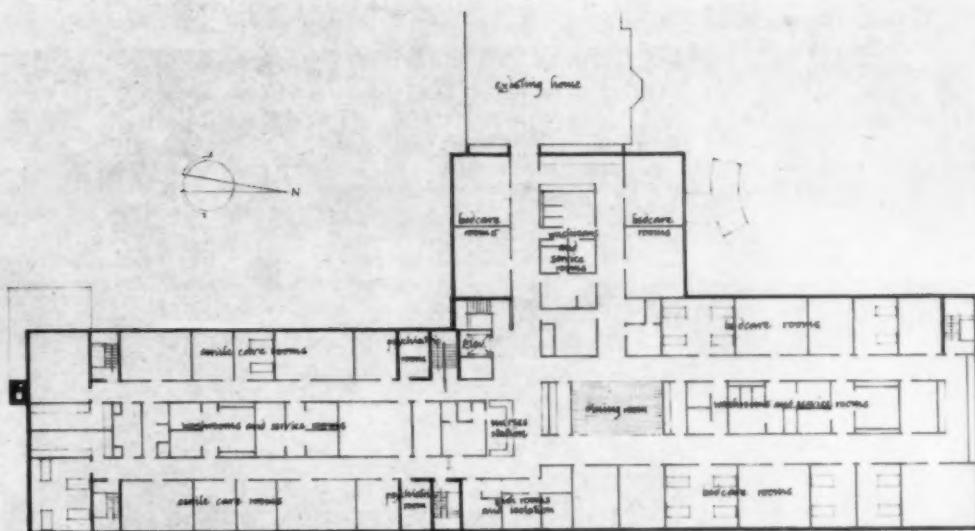


Maurice D. Klein
architect.

A. W. Cluff & P. J. Cluff
associate architects.



ground floor plan



first floor plan

THIS building is designed as an addition and is attached to the south side of the existing Home for the Aged at Walkerton, Ontario. The two buildings are connected and can be used in conjunction with one another.

Due to the age, nature of the construction and the risk of fire, it is anticipated that the remaining life of the existing building will be comparatively short, and the addition has been designed to allow the existing home to be removed and replaced at some future date with a new wing.

The existing home is a brick structure with wood joist construction and has a basement and two storeys above grade. It is approximately 50 years old and in fair condition. This type of construction is a very definite fire hazard for an old age home and this, as well as the need for extensive remodelling are the major reasons why this building must be eventually removed. Generally, the home does not accord with the requirements of the Department of Welfare and this has been recorded in the various inspectors' reports over the past few years.

With the growing need of care for the aged, particularly bed care, too much money would need to be spent on modernizing and re-planning the existing home to meet present-day requirements. It is planned, therefore, that the existing home be left as it is for the

**A. W. Cluff,
Toronto, Ontario**

possible occasional use and removed eventually to make way for the new wing.

The building will provide a home for old people of Bruce County with nursing care for a high proportion of the residents. Current thinking takes into consideration the principle that older people, even those handicapped and in need of nursing care, can and should lead active lives — lives in which interests are stimulated and maintained.

The home has been designed for three types of patients: The "special care" or senile patient for whom a special degree of supervision is required, the "bed care" patient who requires some degree of assistance and is not capable of moving around without assistance, and the "ambulatory" or normal care patient who is fairly independent and can move around without assistance.

Site and Plan

The existing site is extremely attractive and is situated on a high point of land. The circular drive and rear service road have been retained, together with the existing trees wherever possible. The new area will be pleasantly landscaped bearing in mind the need for minimum maintenance.

The building is designed with two floors and a partial basement.

The upper floor is composed of bed-care and special care rooms, together with the necessary ancillary accommodation.

The ground floor contains the lounge, dining room, kitchen, laundry, chapel, craft room, and offices, together with some ambulatory bedrooms.

The boiler room, maintenance and storerooms are in the basement, and the only rooms used by the patients are the assembly room and the games room. These are directly accessible from the elevator and the grade has been adjusted to form a pleasant sitting area and to give full height windows in these rooms.

The plan in the shape of a "T" with the elevator and main stair at the junction, enables one nurse to be on duty and yet be able to supervise all bed care and special care patients. The ambulatory patients, who are on the ground floor for easy access to the main rooms and the outside, do not require a nurse to be on duty.

In the basement there is adequate room for storage of furniture, trunks, bulk supplies of food and all the miscellaneous items required, including a workshop and paint store. There is also an assembly room which is big enough for the residents and friends or family for special occasions, films, etc., and another room which can be used for suitable indoor games.

First Floor

The main entrance is at the junction of the two blocks forming the "T" and to the south of the existing building. Adjacent to the entrance is the general office, superintendent's office, and board room, in order that these can adequately control the main entrance. The remainder of this wing is composed of ambulatory rooms and two rooms for married couples.

The lounge and dining room are directly ahead of the main entrance and open onto a terrace which leads to the gardens. Staff rooms and lounge are on one side of the remainder of the block with the kitchen, laundry, kitchen storage and loading dock.

The three floors are joined with an elevator to facilitate easy access between floors for the old people as well as the staff.

The chapel, craftsrooms, and tuckshop have been placed in the link to the old buildings to be at the centre of the building. The chapel is small and non-denominational and will be used for services and also as a quiet room where the old people can sit and meditate.

The craftsrooms will be used for sewing, mending, carpentry, rug making and other handicrafts which are designed to keep the old people active and usefully employed.

Second Floor

The elevator and stair are located at the centre of the "T" with the

nurses' station nearby. The nurse on duty can keep an eye on all wards and has the minimum distance to travel.

Each ward has a small kitchen and dining room for serving meals, washrooms, utility and linen rooms with locker space for the residents' possessions. The bedcare residents are arranged with either two or four people in each room.

Each has a bed, small dresser, chair and a small locker built into the partition to store day to day clothes.

The senile residents are similarly arranged with the addition of sitting rooms, one for men and one for women, as these do not normally use the main lounge.

There is a small sick bay for isolating old people who are ill and a special quiet room near the nurse for use at the end. These rooms have been located off the main circulation to give privacy and quiet.

There are bed care rooms in the

junction with the old home and this wing will eventually be extended when the old home is removed. Beneath this extension on the ground floor will be ambulatory care rooms.

The proposed home is in keeping with the good standards of similar homes being built throughout Ontario. Wherever possible labour-saving devices are incorporated to keep the number of staff, and therefore cost of running the homes, to a minimum.

The old people will be well cared for in comfortable and congenial surroundings and every attempt will be made to make their declining years happy and enjoyable.

The design has been prepared by the architects after considerable consultation with the Department of Welfare, and is the result of careful consideration of these various requirements as well as the particular requirements dictated by the existing building and the site.

Number of Residents:

	Residents in the New Wing	Residents in completed Home when Old Home is Removed
Bedcare	48	82
Special Care, including Psychiatric Rooms	28	28
Ambulatory Care, including Couples ..	16	40
Staff	6	6
Sick Bay	4	4
Quiet Room	1	1
	103	161

Winning Hospital Curling Team at Shawinigan Falls, Quebec.

The Witherspoon Bonspiel is an annual competition, restricted to teams from industry and business. Local plants of Dupont of Canada, Canadian Industries, Shawinigan Water and Power, and others, enter teams as do the business firms and groups such as insurance agents, bankers, et cetera.

The hospital always takes an active interest in community affairs and activities—besides we like curling and so we entered a team for the first time. With some luck and a good skip we were able to win (and in some cases just win) all our games to take the cup.

The members of the team were Dr. G. Crutchfield, Dental Staff, skip; Dr. O. Chabot, third; Dr. G. Kaine, Chief of Staff, second; W. A. Kertland, Administrator, lead.

The rumour that the doctors in the hospital team were deliberately offering free medical advice to the opposition while on the ice, and warning them that if they swept too hard they might have an attack of some kind or other so that by the fourth they wouldn't be able to stay on the broom, is completely false. It is just a coincidence that the members of the other teams happened to have so many physical ailments, and the doctors were rendering a public service to their fellow curlers.

*W. A. Kertland, Administrator,
Joyce Memorial Hospital,*



Rapport du président pour l'exercice 1959-1960

L'Association des Hôpitaux du Québec

J'ai bien l'honneur de soumettre à votre attention le rapport des activités générales de notre Association pour l'exercice 1959-1960.

Le Comité exécutif a tenu sept réunions au cours de l'année précédente. Malgré leurs nombreuses occupations individuelles, dues aux charges importantes qu'ils doivent remplir, vos officiers se sont fait un devoir d'être toujours présents et de discuter à chaque assemblée et durant cinq à six heures d'affilée, les problèmes d'intérêt général.

A deux reprises, votre président a dû convoquer, à Montréal, deux assemblées du Conseil d'administration.

Je dois souligner le zèle avec lequel tous les membres ont répondu à mes appels, convaincus qu'ils sont de l'importance et du rôle prépondérant que nous jouons.

Au cours de l'année, nous avons nommé plusieurs comités. Tout d'abord, le Comité Consultatif sur les Problèmes Hospitaliers, composé de la Révérende Mère Dorais des Soeurs Grises de Montréal, de monsieur Gérard Brais et de monsieur Paul Shannon. En maintes occasions ces trois fidèles collaborateurs se sont réunis pour discuter des principes de base, qui pourront pavier la voie dans la standardisation des comptabilités hospitalières pour notre Province. Ils ont accompli beaucoup de travail, et les nombreuses consultations qui leur ont été demandées par nos membres et par plusieurs autres institutions qui ne font pas partie de notre groupe, témoignent de l'intérêt suscité par leurs recherches et la pratique de leurs procédures.

Comité d'Education

Le Comité d'éducation composé de la Rév. Mère Jeanne Mance, assistante directrice à l'Institut Supérieur d'administration hospitalière de l'Université de Montréal,

Le Docteur Bourgeois est Président de l'Association des Hôpitaux du Québec et Directeur de l'Hôpital Notre Dame à Montréal.

Paul Bourgeois, M.D., F.R.C.S.(C)
Montréal, P.Q.

réal, du Dr. Robert F. Ingram, de M. J. M. Partlo et de M. Albert Nantel, a également joué un rôle prépondérant dans l'élaboration de programmes qui seront exécutés d'ici très peu de temps et qui, en plus de renseigner le public, s'enfonceront d'organiser des cours complémentaires pour le personnel hospitalier à tous les échelons.

Comité Conjoint d'Education en Nursing

Le Comité conjoint d'éducation en Nursing, composé du Dr W. M. Storrar, de M. Kenneth M. Nicholson, de Sr Mary Mélanie, de Sr Mance Décaray, de Mlle Helen Lamont et de Mlle Suzanne Giroux, à la suite de plusieurs entrevues, a commencé à préparer des statistiques importantes pour justifier auprès du Gouvernement Provincial, des octrois nécessaires en rapport avec le coût onéreux de l'enseignement et du maintien de nos écoles d'infirmières.

Tous ces comités ont fonctionné régulièrement et nous espérons, dans des lettres mensuelles, vous faire parvenir leurs rapports qui seront des plus intéressants.

Pour la réussite du Congrès Annuel, il est absolument nécessaire de diviser les tâches. C'est pourquoi, votre exécutif a confié à deux de ses officiers les charges les plus ingrates en nommant le Docteur Gérald LaSalle, président du comité du programme et de M. A.H. Westbury, président du comité de l'exposition.

Comité du Programme

Le Docteur Gérald LaSalle, directeur général de notre Association s'est adjoint pour l'aider dans l'élaboration du magnifique programme que vous avez en mains, Madame Yolande Taylor, le Docteur Gilbert Blain et le Docteur Storrar.

Devant le succès remporté par

le docteur Gilbert Turner l'an dernier, votre président lui a demandé de bien vouloir agir comme consultant vis-à-vis ce comité du programme.

Comité de l'Exposition

Monsieur A. H. Westbury, trésorier de l'Association, s'est adjoint pour l'aider pour la mise sur pied de la magnifique exposition que vous avez déjà commencé à visiter, M. Lucien Lacoste, M. Ray Clark et monsieur Duhamel.

Je crois que ces deux comités qui ont travaillé ferme dans le meilleur esprit de collaboration possible, sont les grands responsables du merveilleux résultat que nous avons obtenu.

En votre nom, je leur adresse nos plus sincères remerciements.

Pharmacien d'Hôpitaux

Depuis plusieurs années, les hôpitaux constatent avec anxiété, que le nombre des pharmaciens, qui veulent se destiner à jouer un rôle prépondérant dans l'organisation d'un hôpital, diminue de plus en plus. Jusqu'à maintenant, les choses se sont arrangées mais il est évident que le poste de pharmacien d'hôpital demande une préparation peut-être un peu spéciale et le Collège des Pharmacien de la Province de Québec a été saisi de nos problèmes.

Le Comité exécutif a chargé l'un de ses membres, Monsieur Charpentier de Sherbrooke, pharmacien de carrière et administrateur d'hôpital, de témoigner aux membres de son Collège l'assurance de notre plus entière collaboration.

Monsieur Charpentier a conduit une enquête des plus intéressante dans tous les hôpitaux qui sont membres de notre Association et le rapport que nous avons reçu à l'Exécutif nous a incité à lui demander, malgré le travail considérable qu'elle comportait, la tâche d'adresser le même questionnaire à tous les hôpitaux de la Province de Québec.

(continued on page 90)



QUEBEC HOSPITAL ASSOCIATION

second annual meeting
total registration: 1710

WITH "Unity" as its motto and "Hospital responsibilities for better patient care" as its general theme, the second annual meeting of the Quebec Hospital Association (L'Association des Hôpitaux du Québec) attracted the large attendance noted above. The meeting was held in the Queen Elizabeth Hotel, Montreal, February 23 to 26. Convention space in this new hotel probably excels that in any other Canadian city, particularly as the exhibit area surrounds the meeting rooms on three sides.

The program committee was under the capable chairmanship of Dr. Gérald LaSalle, who is also executive director of the association. This year the committee decided not to run a series of meetings for specialized groups simultaneously, as was done very successfully during certain periods last year. Instead each session was designed to appeal to hospital people generally and a great proportion of time was devoted to panel discussions and question and answer periods, formal presentations being comparatively brief. Speakers addressed the gathering in either French or English and there was excellent simultaneous translation. Each person was pro-

vided with a small transistor unit which had dainty light-weight headphones—a vast improvement over earlier systems.

During the mornings and again in the afternoons, generous one-hour periods were kept free for visiting the exhibits. Delegates could thus relax as they browsed among the attractive displays. Booths numbered up to 100, and some 300 personnel were registered. For the excellent arrangement of the various wares and the large number of companies represented, much credit must go to A. H. Westbury of the Montreal General Hospital who was chairman of the exhibition committee.

Just prior to this meeting the Minister of Health for the province of Quebec, Dr. Arthur Leclerc had announced that a hospital insurance scheme would be inaugurated within the year. For this reason, among others, the president of the association, Dr. Paul Bourgeois, stated in his opening address that 1960 would be "a crucial year for all the hospitals in the province of Quebec." He was able to assure his listeners that in planning the

insurance scheme, government officials proposed to work closely with hospital authorities; and he took this opportunity to offer to the Hon. Minister of Health every possible assistance on the part of the Quebec Hospital Association. As he did last year, Dr. Bourgeois pointed out that the problem of finance is the greatest one facing the hospitals in Quebec. It is an important function of the association, he said, to keep on drawing to the attention of legislators the fact that the Quebec Public Charities Act is totally out-dated and inadequate to cover the cost of care for indigent patients.

Dr. Bourgeois expressed satisfaction with the growth of the association during the past year, its aim being eventually to unite all hospitals of the province in one effective organization. He was pleased to note that already the association had been successful in stimulating public interest in "everything concerning hospitals" and also in impressing upon the public consciousness the fact that all care received in hospitals must be paid for. He expressed himself as pleased with the work of the accounting and consulting committee and found the progress made by



Members of the Executive Committee of the Quebec Hospital Association: left to right, Dr. J. Gilbert Turner vice-president; Marcel Piché, past president; Dr. Paul Bourgeois, president; Jacques Bouchard, treasurer; Albert Nantel and Dr. C. A. Roberts.



Left to right: Sister St. Jean de la Latte, F.C.S.P.; purchasing agent, St-Jean-de-Dieu Hospital, Montreal; and Sister Aline Côté, S.G.M., purchasing officer, Saint-Jean Hospital, St. Jean, Quebec.

the committee on education most gratifying. Dr. Bourgeois emphasized that there must be an active exchange of information and consultations between personnel of all hospitals in the province if these institutions are to achieve their common goal, better care for all patients.

Common Problems

At an early session when a panel of speakers discussed pressing problems in the hospital of today, Dr. Harvey Agnew, professor of hospital administration at the University of Toronto, led off. On the subject of utilization of hospital facilities, Dr. Agnew remarked that the 40-hour week has been a factor in creating weekly peaks of heavy work load, especially in surgery and diagnostic procedures. Hospital facilities are too costly to lie idle part of the time, he said, and the trend must be back toward keeping all essential services open 24 hours a day. He admitted that more staff would be required and that herein lay the real problem. Concerning that hackneyed worry, "excessive utilization" of hospital beds, Dr. Agnew said the only effective solution is to see that the medical staff polices itself. In the matter of budgeting, the speaker quoted from the *Canadian Hospital Accounting Manual* to the effect that "departmental supervisors should be encouraged to provide details which support their estimates . . . This practice in the preparation of the budget results in a critical examination of expenses and may suggest means of improvement and control." Dr. Agnew commented that many small hospitals, now preparing a proper budget for the first time, are more cost conscious than ever before.

Touching upon the need for improved administrative control, the speaker said: "It is a good admin-



Above: left to right, Sister Eugenie Allard and Sister L. Proulx, Hôtel-Dieu, Amos, Quebec; Sister Rose Alma Dubois and Sister A. Manseau, Hôpital du Christ-Roi, Nicolet, Quebec; and Sister A. Côté, Hôtel-Dieu, Amos.

Below: left to right, Sister Alexandre Marie, Superior, Hôpital Saint-Sauveur, Val d'Or; Sister Noémie de Montfort, assistant administrator, Hôpital Ste-Justine, Montreal; Sister Valerie de la Sagesse, Superior, Provincial House, Montreal; and Sister Théodore, Hôpital Saint-Sauveur, Val d'Or, Quebec.



Left to right: Sister Marie du St Sacrement, Hôtel Dieu de Québec; Lionel Cantin, Manager, Ste. Foy Veterans' Hospital, Quebec; Sister Marie Réparatrice, Hôtel Dieu de Québec.

istrator who can delegate authority and leave himself enough time each day to give thought to what the hospital should be doing for the community; but he must maintain his communications and always be in a position to pick up the reins when necessary."

On the subject of medical staff relations, Dr. Agnew said the wise administrator would refer as many problems as possible to that group

for decision. If this sometimes causes delays, it usually achieves co-operation, which is better than taking direct action and getting no co-operation. With respect to the scope of a hospital's activities, he recommended some form of regionalization, preferably planned and developed by the hospitals themselves.

These problems and others raised from the floor were then discussed



Above: left, Sister Boulogne, Superior, L'Aide aux vieux couples, Montreal; right, Mother Jacquemont (Province of Canada), Superior, Hôpital Ste-Catherine Labouré, Coaticook, Quebec.

Below: Sister Mary Ruth, scic, administrator, St. Joseph's Hospital, Saint John, N.B.; and Jessie Fraser, assistant editor, "Canadian Hospital", Toronto.

by the panel which included: Professor Guy Archambault, University of Montreal; Dr. J. P. LaPlante, Hôpital St-Luc, Montreal; Albert Nantel, Hôpital Ste-Jeanne d'Arc, Montreal; and Professor W. H. Pugsley, McGill University.

Interdepartmental Relationships

This topic was introduced by Prof. Norbert Lacoste of the Department of Sociology, University of Montreal. The speaker warned listeners about the danger of "collective animosity" developing in any institution. Such a situation could arise, he said, through lack of effective communication among staff at all levels and led, of course, to poor public relations, to say nothing of decreased efficiency in general. He then called upon speakers representing four key divisions of the hospital: administration, medical staff, nursing, and dietetics, who expressed their views on the subject of communications.

Rev. Sister Trottier, administrator of Hôtel Dieu de Saint-Jérôme, emphasized that while hospital organization is very complex, lines of authority must be clear and understandable to all. Since in the larger hospital it is not possible for all the staff to know one another, she said, it is especially important to build up confidence in supervisors, and among employees, both vertically and horizontally. She emphasized that all instructions must be given in very precise language because differences in the levels of education among employees sometimes makes communication difficult. Sister Trottier favours oral instruction because it promotes questions and stimulates interest. Written orders may not be read.

The speaker also advocated meetings where employees might make suggestions and receive instruction, as well as conferences at supervisory and administrative levels.

Dr. Camille Laurin of Albert Prévost Institute, Montreal, suggested the use of group psychology in order to keep a balance between tender loving care and efficiency on the part of the staff. If the emphasis is all on techniques, the patient as a person is forgotten, he warned, and the hospital tends to become a plant. He also pointed out that staff tensions are reflected on the patients, delaying recovery. Physicians should have freedom within the hospital and be respected by all. But, he added, every physician should understand the administrative structure of the hospital and co-operate with administrative and nursing authorities. Each should examine his own reactions constantly, he said. Like Sister Trottier, Dr. Laurin also emphasized the importance of staff meetings at all levels. The team spirit, he said is *sine qua non*.

Speaking for the nursing profession, Geneva Purcell of Royal Victoria Hospital drew a brief word picture of the nursing concept as it was only a few years ago, in contrast with what is expected of the nurse today. Nursing, she said, has endeavoured to incorporate the best of what is traditional with the newer emphasis on technical functions and the scientific knowledge now required. This includes an intelligent understanding of human behaviour and the nursing methods "most likely to achieve a desirable result in terms of the patient and his family."

With so many other departments

now involved in the care of the patient, his or her relationship with the nurse remains the closest, Miss Purcell insisted. The patient's need is for security and the head nurse must co-ordinate the efforts of all others; she must become the intermediary between each department and the patient. She must have wide knowledge of the aims and purposes of each member of the team serving the patient. There must be no breakdown, she warned, between the allied professional groups and the one way to prevent this is through educational programs involving all departments. Effort must constantly be made, said Miss Purcell, to synthesize all fragments of care for the patient if a good result is to be achieved.

Jeanette Albert of St. Mary's Hospital in Montreal spoke of dietetics as a comparatively new profession and one which is not fully understood by many hospital people. She feared that some doctors and some nurses still look upon the dietitian as an intruder on the team. The patient is apt to think of the dietitian as another nurse who cooks his meals, she said. Miss Albert suggested that nurses can help by handling complaints about food tactfully; and by trying to convince the patient that the diet prescribed by the doctor and prepared by the dietary department is just what he needs for quick recovery. Tray time should be a big moment in the patient's day, she said, and appealed to medical staff to time their rounds so that no trays are left to cool off because a doctor is with the patient.

The speaker was concerned also because, with so few dietitians engaged in most hospitals, there is very little time for any member of the group to visit with patients. She feels it is most important for a dietitian to be able to learn the dietary habits of a patient and plan not only to meet his medical dietary needs but to explain the doctor's orders and try to improve the patient's food habits through a little informal education. Teaching, Miss Albert emphasized, is so much more effective than telling. She urged that the best care could be given the patient only by means of a co-ordinated nurse-dietitian-doctor team.

All this led to lively discussion which revealed the keen interest aroused among the large audience.

Purchasing

C. H. Shaw, assistant director of Montreal Children's Hospital,

(continued on page 98)

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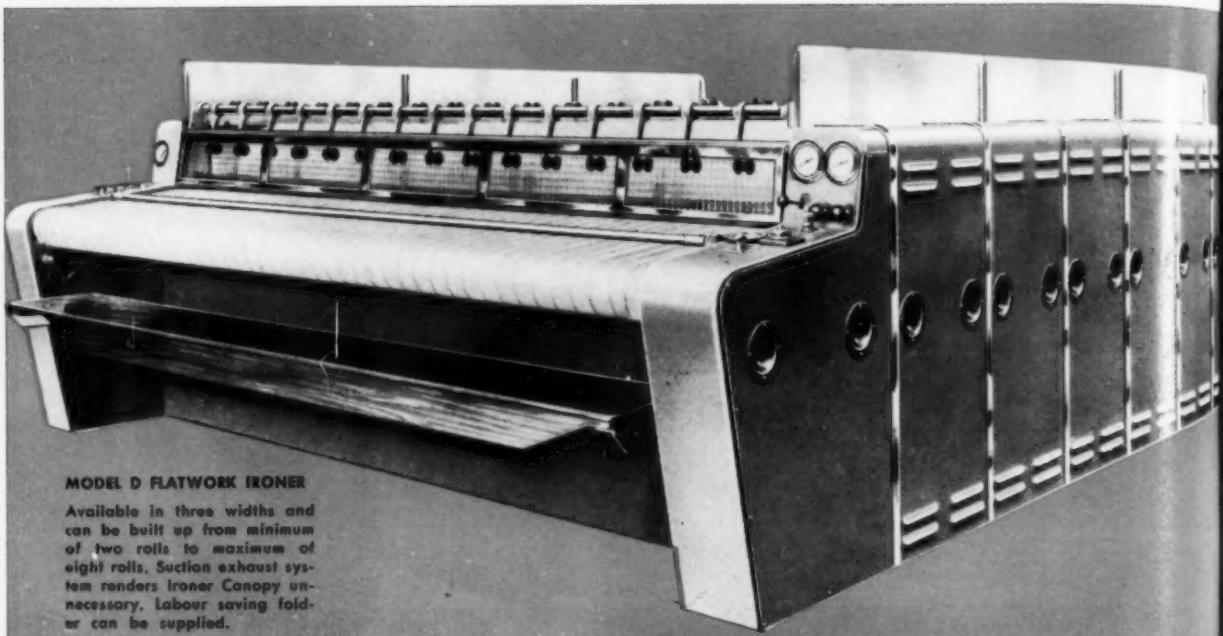


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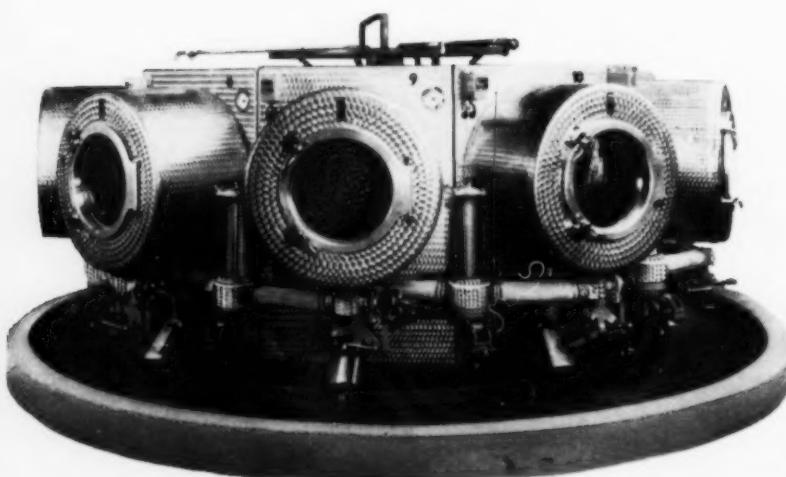
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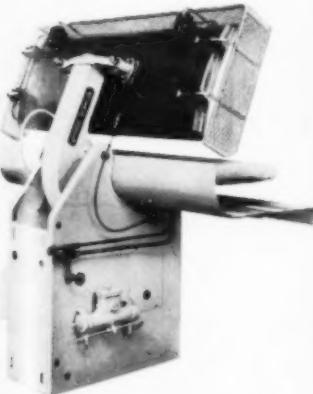
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Our changing food industry

THE supplying of man's food needs has created the world's largest and most complex business—the food industry. Millions of Canadians are engaged in the production, processing, distribution, and merchandising of food products. Twenty-five per cent of our disposable income is spent on foods. The food industry, one of the most complex, has undergone revolutionary developments in the past few decades and will continue to change markedly in the years immediately ahead.

Population

From a world standpoint, one of the most vital concerns is that of assuring a plentiful food supply for the rapidly-increasing total population. The world population doubled from one-half to one billion persons between the years 1650 and 1850. It redoubled to two billion less than 100 years later. The next and succeeding doublings will be even shorter, hence the term "population explosion." At present, the bulk of our food requirements are derived directly or indirectly from the top six inches of soil. Considering the available arable land, there is now an average of less than two acres per person. This can be interpreted as an alarming trend, yet the use of modern technological methods on this continent at least, have more than made up for population increases and indeed have produced large surpluses of some types of foods which in themselves have posed serious economic problems.

Food Consumption

Patterns and changes in the food industry are established for the most part from per capita consumption data. Here in Canada, for example, an individual in a lifetime can be expected to consume 6 tons of meat, 6½ tons of grain products, 4½ tons of potatoes, 17½ tons of milk, 2 tons of fats and oils, 4 tons of sugar, 1400 lbs. of tea and coffee, and 17 tons of fruits and vegetables. Variations in these amounts occur with nationality, type of work, and individual preference.

With advances in science and

Mr. Shewfelt is president of the Canadian Institute of Food Technology and heads the Fruit and Vegetable Products Section of the Experimental Farm at Morden.

A. L. Shewfelt,
Morden, Manitoba

technology and associated changes in standards of living, certain notable trends have occurred in the dietary pattern. As more people do less manual work, there is less need for high-energy food and more demand for the attractive and appetizing types. The desire for and acquisition of fancier houses, cars, clothes, and appliances has made it possible, and often necessary, for 25 per cent of the housewives to find employment outside their homes. This has given impetus to the manufacture and use of so-called convenience foods. Mrs. Homemaker now spends an average of only 1½ hours daily preparing the family meals compared with 5½ hours 20 years ago. More people are now eating in restaurants, in the backyard, at the lake, or at roadside stands. This has increased the consumption of hot dogs, hamburgers, potato chips, and pickles.

Where income is low, a much greater proportion of the food dollar must be spent on cereals and less on meat and animal products, since cereals supply a relatively large amount of calories for the money. Some over-populated countries with low income must consume up to 70 per cent of their calories in the form of cereals. In Canada, less than 35 per cent is consumed as such. One acre of land devoted to cereals will produce ten times the number of food calories as the same acre producing livestock. While some believe that our generous meat consumption in Canada is aggravating the grain surplus problem, a closer look tells us that there is no better way of reducing our grain stocks than by feeding them to livestock and consuming them indirectly as meat products.

In the past 40 years, the main consumption trends have been to less cereals and potatoes and to

more fruits, vegetables, meat poultry, eggs, and dairy products. Although these trends are significant, they occur at a relatively slow rate and do not have the same impact on the food industry as some of the newer methods of production, processing, and merchandising. It is here that the real revolution is taking place.

Production and Distribution

In 1920, a farmer could produce enough for himself and seven others. Today he provides for himself and nineteen others. He is able to do this because he has adopted new methods of production using modern machinery, hybrid seed, fertilizers, insecticides, cost accounting, and soil and water conservation practices. The increase in farm efficiency has prompted a migration from farms to cities, an increase in the industrial labour force, and of course, an increase in the proportion of non-farming consumers.

The movement of food from the farm to the consumer has, of necessity, become increasingly complex. Instead of the simple farmer-consumer relationship that existed a few decades ago, we now have a wide variety of specialists including processors, equipment manufacturers, graders, inspectors, wholesalers, retailers, and salesmen. Each performs a rôle in the maze of activities required to provide a steady flow of the desired food items from the farmer's field to the consumer's table.

Merchandising

The advent of the supermarket has in effect combined the former butcher shop, grocery store, and produce market, and has thus revolutionized food merchandising. Emphasis is on convenience, attractive packaging, consumer appeal, and varied selection. Some stores carry as many as 5,000 stock items. Improved roads and cars have made it possible for shoppers to travel further and buy larger quantities at a time.

Processing

In processing, the greatest advance to date occurred 160 years ago when a young Frenchman, Nicholas Appert, discovered that food could be preserved by heating and sealing it in airtight containers. In addition to winning a prize from Napoleon, Appert initiated the canning industry that we depend upon so largely today. The consumption of canned foods is still on the increase since canning

(continued on page 78)

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MEDICAL RECORDS

in the smaller hospital

If we were asked to take a poll on the question, "Why should we have a record department?", we would probably have a variety of answers. Ultimately, however, we should conclude that every department within the hospital has evolved from the desire to provide adequate care of the sick and injured.

What place has a medical record department in the care of the sick and injured? If we accept the responsibility of providing adequate care, it follows that we will try to do it to the best of our ability. By providing a written record of the patient's illness the first step toward adequate care is made. Here are facts and figures for reference should the patient require admission and treatment again. Too often, however, the medical record department, if a department exists, is considered the filing cabinet for the written record of the work of the hospital team—the doctor, the nurse, the technician. This is especially true in the smaller hospital. The attitude persists that it is all very well for the large teaching hospital to do more than file the record, but it is a waste of time and money, if not almost an impossibility, for the smaller hospital to have a medical record department to summarize, index, and analyze the documents reaching its door. In fact, many of our smaller hospitals have been able to do little more than file the record, this responsibility falling on the shoulders of superintendents, business office personnel, nursing supervisors and others. Now let us find out why we should organize a good record department, the advantages of having such a department, and how to go about setting it up.

The first duty of a record department is, of course, to obtain the record and to preserve this record

Mrs. Werner is the medical record librarian at the Stratford General Hospital. This paper was given at the meeting of the Regional Hospital Council No. 2, held in Stratford on May 27, 1959.

Mrs. H. Werner,
Stratford, Ontario.

so that it will be available on a moment's notice. Many records, however, are far from complete, filled in only enough to prevent the person in charge of filing from saying that it is incomplete. We must assure ourselves that the record is an orderly written report of the patient's complaints, the diagnostic findings, treatment, and end results, so that it forms a complete picture. When ready for filing it must "contain sufficient data written in sequence of events to justify the diagnosis and warrant the treatment and end results". Such a record is of value to the patient, the physician, medical research and teaching teams, and the hospital.

Let us first consider the patient. Every illness today involves a more or less extensive study with an accumulation of a large amount of detail. A number of procedures may be required for diagnosis and for estimation of the results of treatment. Physicians see many patients a day and it is impossible for them to remember the details of their patients' illnesses. A written record is a permanent record for future reference. Even the patient himself often forgets most vital facts of any previous illnesses. He may change physicians, or move to another community. The previous record will save repetition of tedious and expensive examinations, discomfort, time and money. This document is of legal value to the patient. Because of its confidential nature the information recorded is accepted as true by the court. This record can then be used by the patient to prove the extent of injury when involved in an accident, in insurance cases, personal injury suits, or Workmen's Compensation cases. Records have also been used in will cases, malpractice suits, in criminal cases, such as murder, assault, rape and conspiracy. They have been used as evi-

dence to prove the mental condition of either a prosecuting witness or of a defendant himself, and they have even been used by a defendant to prove an alibi. From this we can readily see that the incomplete or deficient record could be very costly indeed.

How is the record of value to the physician? We have already said that the physician of today has neither the time nor the ability to acquaint himself intimately with the family life and history of each of his patients. The record then is a ready reference whenever needed. He may also wish to review various cases which he has had in the hospital during a given time, or he may wish to brush up on details recorded during a consultation. Also, the physician may need the record for medico-legal purposes to defend himself or give evidence during court proceedings.

Research and Teaching

The department is valuable also to medical research and teaching teams. Although the smaller hospital does not have the facilities or the personnel to conduct extensive medical research, the material contained in its records is a reliable source for survey work. I have in mind research teams from larger centres studying such diseases as diabetes in particular families, or endemic diseases such as thyroid disease in iodine-poor communities. The information now being gathered by the Ontario Hospital Services Commission for the government branch concerned with vital statistics relative to disease and injury in the province comes into this category also. This, however, could be considered under the next item—the hospital.

How is the record of value to the hospital? First, and foremost, I would say that the record is of value to the hospital because a complete and accurate record is the hospital's guarantee to its patients and the community of loyal and dedicated service to the relief of illness and suffering. It is assurance that everything the hospital can do is being done and recorded for the benefit of the patient. By fulfilling the first obligation, the hospital fulfills its second—it meets the laws of the province on patient care. Let us never put our second obligation first—and it can so easily happen. We are apt to say, "The Hospitals Act requires 'such and such', when our approach should be, "have we provided everything possible for the recovery of



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the patient?" Legal obligations must never overshadow moral obligations. I do believe, however, that we will all agree that by fulfilling the first, the second is assured and can be used as a rule to guide us in our application of the first.

Administration

This brings us to the benefits good records bring to the hospital administration directly. What does administration want to know to efficiently run the hospital? Administration wants statistics — facts and figures to guide it in the daily complexity of managing the entire hospital. These statistics fall into the categories of financial, medical and vital. The financial statistics originate in the business office and do not concern medical records. Medical and vital statistics are as important to the governing body as the financial, and these can and most properly should come from a medical record department. Medical statistics deal mainly with the therapeutic aspects of patient care—such as death rate, caesarean section rate, infection rates, et cetera. For instance, the governing body notes from the monthly reports that the death rate for their particular institution is consistently higher than the accepted norm. If our original records are adequate we should find the answers in the study of the case histories of the deaths for the period under review. Medical statistics are useful, too, when there is a request for new equipment—let us say, surgical equipment. The cost is high—is it justified? Should we spend that much money? A review of the admissions to hospital requiring the use of such equipment will give us the answer immediately. Many of us are plagued with a shortage of beds at the present time. Is this the initial impact of the comprehensive hospitalization program introduced in January, or has the time come to expand and build? Our own record department is currently supplying the board with comparative figures on the medical and surgical admissions to hospital—the total number of bed days for medical and surgical care, the per cent of occupancy on the various units and a comparison made with previous years. Once a record department has been organized on a sound basis, such surveys can be undertaken smoothly and with a barely noticeable increase in time and work involved. Many more such illustrations could be made but the answer is always the

same — good medical records are part of good administration.

What about vital statistics? Is that our responsibility? Vital statistics deal with facts and figures such as births, deaths and diseases. Again the answer is yes. We are all aware of the benefits of the new hospital insurance scheme. To keep this insurance program in existence the government must have accurate vital statistics, including diagnoses recorded in acceptable terminology, to assess the incidence of disease in the province and adequately administer the plan. Where will this information be collected? I believe that it can best be done in a medical record department. I am sure the completion of the new insurance forms has presented a formidable problem for all of you and we will consider this again under organization.

For many hospitals accreditation is a goal, which, while most desirable, seems an improbability in the immediate future. Those of us who have experienced an inspection for hospital accreditation can tell you that a great deal of the investigation takes place in the record department. If care is being given to meeting the standards laid down by the accrediting body, the proof will be recorded in the medical record. Proper classification is essential to make this information available for use, and such classification can only be made by an organized department. However, this is not such a difficult goal.

Finally, we cannot minimize the importance of good records to the hospital for medico-legal purposes. We are all aware that each and every admission to hospital could constitute a court proceeding.

We have now summarized what we expect in regard to medical records. The next question is how can we achieve this goal? Organizing a medical record department requires three basic ingredients: (a) personnel, (b) adequate space, (c) equipment.

Personnel

Let us start with personnel. From our review of what we expect a medical record department to achieve, we can readily see that the person in charge of the record department carries a great deal of responsibility and must have adequate knowledge to fulfil her duties. She must also be able to use the information gathered, and to present it in an acceptable and efficient form to those requiring

it. The medical record librarian must have the following qualifications:

1. a good command of English and a basic knowledge of medical terminology;
2. an educational background, or adequate business experience to create confidence in her work among the professional people—doctors, hospital administrators, nurses, technicians—with whom she is in contact;
3. a personality that enables her to work in harmony with others;
4. the ability to organize effectively the work expected of her;
5. proficiency in typing and shorthand if registration is desired.

The first source of trained personnel is, of course, the training school for medical record librarians. Three such schools are located in Ontario. They are: St. Michael's Hospital, Toronto, Hotel Dieu Hospital, Kingston and Ottawa General Hospital, Ottawa.

As in many other professions today, however, the demand far exceeds the number of graduates entering the field. There is also the trained librarian who is lost to the hospital field through marriage, or those entering administrative or research fields. What can the small hospital do if they can't attract the graduate of a training school?

In 1953 the Canadian Hospital Association and the Canadian Association of Medical Record Librarians co-operated to provide an extension course for the training of medical record librarians on the job. Students with a Grade 12 standing or equivalent are eligible to enrol in this two year course. They must be employed in a medical record department of a hospital or similar field such as cancer or research clinics. Upon successful completion they are eligible to write for registration, if the other requirements laid down by the Canadian Association of Medical Record Librarians can be met. Here is the key to unlock the door in our search for trained personnel for the smaller hospital. Look about your own hospital. Have you young women in your hospital who would meet the qualifications we have enumerated previously? I would stress at this point, however, that enthusiasm is not enough. If one candidate has not the ability to acquire the professional attributes desired, she will be more of a liability to you than an asset.

(continued on page 68)

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Book Reviews

THE TRIUMPH OF SURGERY by Jürgen Thorwald. Translated by Richard and Clara Winston. Published in Canada by McClelland and Stewart Limited, Toronto, 1960. Pp. 454. Price \$7.00.

The *Triumph of Surgery* is a fascinating account of the advances of the science of surgery since the year 1881, the year of the Third International Medical Congress in London which was held amid general anti-vivisectionist protest. The story of surgical progress comes to life through the meetings which the author, in the fictitious guise of a certain Dr. Hartmann, describes with great medical men such as Charcot, Ferrier and Kocher during the exciting time of the discovery of successful brain, goiter and eye surgery as well as that of local anaesthetic. It also tells the tragic story of Kaiser Friedrich III and speaks of many other well known names and families of this lively era.

The author, Jürgen Thorwald, first studied medicine but later turned to philology and European history. He is well known for his earlier "Century of the Surgeon" and in this later book as well, he conveys through a vivid style a very real sense of immediacy in the drama of surgical advance.

MICROBIOLOGY AND PATHOLOGY FOR NURSES, fifth edition, by Martin Frobisher, Jr., S.B., S.C.D.; Lucille Sommermeyer, R.N., B.S., Ed.M.; and Raymond H. Goodale, B.S., M.D. Published by the W. B. Saunders Co., Philadelphia and London, 1960. Illus. Pp. 888. Price \$7.50.

In this edition there has been a complete reconstruction and rearrangement of content and a complete rewriting of many chapters in the microbiology section. The writing is concise and clear and terms are always carefully defined. Each chapter points out specific applications for nurses and nursing.

The first portion of the book is mainly descriptive, giving the general facts about microbiology. Thus it prepares the student for later discussions of disinfection and sterilization. The material in the pathology section has been divided into three parts—general

pathology, applied pathology and clinical pathology.

Obsolete material has been removed from this edition and much new material has been added. The former appendix on specimen collection has been rearranged into an entirely new chapter, presenting the rôle of the nurse as she assists the physician in the diagnosis, treatment and control of infectious diseases in the individual and the community.

Illustrations have been selected for their institutional value and there are specially detailed and informative legends. Useful questions for review appear at the end of each unit.

A SYSTEM OF ORTHOPAEDICS AND FRACTURES, by A. Graham Apley, M.B., B.S., F.R.C.S. Published by Butterworth & Co. (Canada) Ltd., Toronto, Ont., 1959. Pp. 357, Index 20 pages. Price \$9.50, interleaved edition \$13.50.

Directness of approach and concise phraseology mark the keynote of this book. This is a work intended for constant use, and the practical form underlines its practical purpose. It states clearly and economically the essentials in orthopaedic problems, each dealt with in a similar way under a uniform pattern of headings. For all who need a quick means of reference and a concise, methodical guide to orthopaedics and fractures, this work will have an immediate and lasting appeal.

CULTURE AND MENTAL HEALTH. Ed. Marvin K. Opler. Published in Canada by Brett-Macmillan Ltd., Galt, Ont. Pp. 533. Price \$8.75.

This collection of 23 cross-cultural studies by distinguished researchers shows the effects of cultural patterns on mental health in world-wide perspective. It features material from every continent or island area in which notable work has been done. There are seven sections: The American Indian, North and South America; People of the South Pacific, Well and Ill; Asian Contrasts; African Contrasts; Anglo-American Patterns; Some Modern Problems; and World Perspectives.

The editor states that the central theme of the volume is the variable effect of cultural

stress on mental health, with appropriate methods for each study represented. Dr. Opler dedicates these articles "to the deepest hopes and aspirations of the International Mental Health Year. But they point far beyond 1960 to the paths that social psychiatry will follow in the next decades."

FOUNDATIONS OF NURSING, by Sr. Charles Marie Frank, C.C.W.I., R.N., M.S.N.E. Published by the W. B. Saunders Co., Philadelphia and London, 1959. Second edition. Illus. Pp. 304. Price \$4.50.

This is a short history of medical care and the development of nursing from pagan times until the present. On its title page are the words "For the student of today who will influence the direction of nursing in the future". A second edition was considered necessary because of the many changes within the past few years.

The author believes that student nurses today seek the reasons for all the changes that occur. If they have an historical account of how contemporary nursing evolved, they can interpret what is happening now with intelligence and they can avoid the disasters of the past. The author says this: "May this story inspire the student with great confidence in the ideals of the leaders who have guided the development of the profession and may it fire her with enlightened enthusiasm to carry forward the good work."

PSYCHOLOGY, THE NURSE AND THE PATIENT, third edition, by Doris M. Odum, M.A., B.A., M.R.C.S., L.R.C.P., D.P.M., Dip Ed. Published by Iliffe & Sons Ltd., London, England, 1959. Distributed in Canada by the British Book Service (Canada) Ltd., Toronto, Ont. Pp. 200. Price \$2.70.

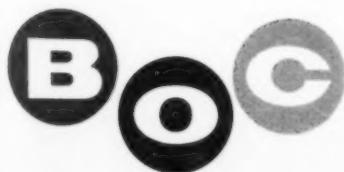
This excellent book covers the whole of the psychological part of the syllabus for nursing students. This edition has been largely rewritten and includes chapters which cover the new Mental Health Act. It stresses the importance of the nursing rôle in aiding complete recovery. To do this the nurse must think of the patient in terms of an individual entrusted to her care, who needs sympathy and understanding. She must learn tolerance, gentleness and tact in order to appreciate the patient's mental outlook—in short, as well as being a nurse she must be something of a psychologist. All facets of such understanding are covered briefly and sympathetically by the author.

(continued on page 106)



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With the Auxiliaries

Quebec's Auxiliaries Meet

The eighth annual convention of the Province of Quebec Association of Hospital Auxiliaries was held at the Queen Elizabeth Hotel, Montreal, Que., February 24 and 25, 1960. A bilingual panel discussion entitled "Problem Clinic" was one of the highlights of the meeting. The moderator was Mrs. Sylva Lamothe.

The importance of good program planning was a topic ably handled by Mrs. J. F. Forman, a member of the executive of the Montreal Council of Women. And there must be responsible people to carry the program out. Mrs. Forman stressed the influence of the press, radio and television on women's meetings, stating that through these media women were becoming better informed. Mrs. Forman also emphasized the use of audio-visual techniques in public speaking.

The president of the Montreal Children's Hospital's women's

auxiliary, Mrs. J. A. Woolven, felt that timidity prevented many women from expressing their ideas and that courses in public speaking which had been given to auxiliaries were indispensable. Women must be able to talk intelligently from the floor in a meeting or from a platform, she said.

Libraries for hospital patients was the topic of Mrs. Maurice Ladouceur, secretary of the auxiliary of Hôpital Notre Dame. Books can do much to improve the patient's mental state, she said. They should be gay, optimistic and instructive, and should be of a high quality.

The panel's moderator defined public relations as "the ability to make a lot of people think well of you". Courtesy, tact, and an understanding of hospital work were a necessary part of the auxiliary's contribution in this field. Mrs. Paul Weil, public relations director, Royal Victoria Hospital, said that publicity was all-important to hos-

pitals, for it promoted good community relations, letting the public know how its money is spent. People must be told what the auxiliaries are doing.

Mrs. Paul Robert, a member of the auxiliary of Hôpital Maisonneuve, emphasized the importance of discipline and good manners. And in Quebec bilingualism is valuable in building up good hospital relationships.

After this very successful discussion and just before the business meeting a film, "The Patient is a Person", was shown to the delegates.

On Thursday, February 25, an executive suite was held. Executive members were in attendance throughout the day to discuss auxiliary problems with delegates.

Officers

The following are the officers elected: *honorary president*—Mrs. Onesime Gagnon; *honorary founder president*—Mrs. J. C. McDougall; *honorary vice-presidents*—Mme. L de G. Beaubien, Mrs. Allan Bronfman, Mrs. Alton Goldbloom and Mrs. J. E. Perrault; *president*—Mrs. J. Beaudoin Handfield; *1st vice-president*—Mrs. Gérard Boudrias; *vice-presidents*—Mrs. M. G. Ibbotson, Mrs. B. Bloomfield, Mrs. O. W. Francoeur, and Mrs. D. S. Abbott; *recording secretaries*—Mrs. H. C. Cole and Mrs. J. Langley; *corresponding secretaries*—Mrs. J. O. Hastings and Mrs. Nanette David; *treasurers*—Mrs. G. K. Wray and Mrs. C. Hough.

Clinic and Auxiliary

The bi-monthly Red Cross Blood Donor clinics in Stratford, Ontario, will in future be convened by the Women's Auxiliary to the Stratford General Hospital. At the February meeting the members agreed to assume responsibility for the clinics as a community service.

This auxiliary also holds a Mad-hatter's tea in March. Prizes are given for the "maddest" hats and all are invited to participate in the contest.

B.C. Auxiliary One Year Old

The Mt. Arrowsmith Women's Auxiliary to Nanaimo Regional Hospital was one year old in February. The work committee has made beautifully-sewn baby quilts and toy bags for the children's ward. As well, knitted articles are for sale and displayed in the maternity ward of the hospital. Plans for this year include sponsoring a square dance jamboree in the spring.

(continued on page 104)



Left to right: Mme Gérard Boudrias, 1st vice-president, and Mme Sylva Lamothe, immediate past president, Quebec Association of Hospital Auxiliaries, and Dr. J. Gilbert Turner, executive director, Royal Victoria Hospital, Montreal.



Left to right; Paul L'Africain, Mme J. Beaudoin Handfield, president, Quebec Association of Hospital Auxiliaries, and Dr. Paul Bourgeois.

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Notes on Federal Grants

Construction

The sum of \$86,600 has been granted the Burns Lake Hospital, Burns Lake, B.C., for the construction of a new hospital to replace the old original building. Accommodation will be provided for 34 patient beds, 12 bassinets and other services.

A federal health grant of \$322,000 has been awarded the Ross Memorial Hospital, Lindsay, Ont. The grant will assist in the construction of a new wing, modernization of an existing wing and the conversion of the original hospital, built in 1902, into training and administration areas. Accommodation for 126 patient beds will be provided. The new building will also house x-ray, dietary, pharmacy, dispensary, and emergency departments as well as an operating suite and a delivery suite.

A grant of \$167,900 has been made available to the Arnprior and District Memorial Hospital, Arnprior, Ont. The sum will assist in the construction of a new two-storey building which will replace the old original building and provide accommodation for 62 patient beds, 14 bassinets, delivery room, operating suite, x-ray department and other facilities.

The sum of \$266,600 has been given to the Public General Hospital, Chatham, Ontario. It will be used to complete the third and fourth storeys of the four-storey wing which was erected in 1955.

The Kimberley and District General Hospital, Kimberley, B.C. has been awarded a grant of \$148,150 to assist in the construction of a building which will replace the original 42-bed hospital. The new hospital will provide accommodation for 71 patient beds, 12 bassinets and space for operating rooms, laboratory departments and other medical services.

Construction of a new hospital at Almonte, Ont., will be assisted by a grant of \$105,400. The two-storey building will replace the old Rosamond Memorial Hospital and provide accommodation for 43 beds and 11 bassinets.

A grant of \$105,360 has been made to the Greater Niagara General Hospital, Niagara Falls, Ont.,

to assist in the construction of a 51-bed paediatric wing. A total of 66 beds will be gained when the project is completed.

To assist in the remodelling of The Niagara Hospital at Niagara-on-the-Lake, Ont., a grant of \$18,000 has been made. Renovations will result in improved facilities for an emergency room and the x-ray and admitting departments. Four additional patient beds and two recovery beds will also be added.

In Fort William, Ont., the Mc-Kellar General Hospital will receive \$72,760 to help provide more space for laboratory, x-ray and outpatient departments.

Construction of a new building for the Yarmouth General Hospital, Yarmouth, N.S. will be undertaken with the assistance of a federal grant amounting to \$426,500. The hospital, when completed, will provide accommodation for 173 patient beds and in addition will have operating rooms, laboratory departments and other medical services.

The Royal Victoria Hospital, Montreal, Quebec, has been awarded a grant of \$590,373 which will assist in covering the cost of the new medical building providing an additional 230 beds for medical and paediatric patients. Facilities for laboratories, teaching and dietary departments are also being increased.

Provision of new quarters for a child guidance clinic, to occupy a portion of a new building being constructed by the Winnipeg School Board in Winnipeg, will be made possible with the assistance of a \$100,000 grant. The clinic will form part of the provincial plan in the development of a mental health program for children and will contain complete facilities for operations in the child guidance field.

Equipment

The Sherbrooke Hospital, Sherbrooke, Que., has been granted \$11,700 to assist in the purchase of apparatus for the clinical pathology department.

A grant of \$15,000 has been awarded to l'Hôpital du Saint-Sacrement, Quebec City, Que., to assist in establishing and equipping

a new physiotherapy department. L'Hôtel-Dieu de Saint-Jérôme, St. Jérôme, Que., will receive \$12,112 which will be used to pay for part of the equipment needed by the hospital's School of Nursing, such as training aids, chemical, laboratory and classroom equipment.

The sum of \$48,100 has been awarded to the Children's Department of the Faculty of Dentistry for the new Dental School at the University of Manitoba, Winnipeg. The grant will assist in the provision of extensive equipment for laboratory and clinical use in the provision of clinical services to children.

A health grant of \$14,900 has been made available to assist Quebec health units in the detection of the hard of hearing among school children. Seventy audiometers—an apparatus to test the hearing ability at different frequencies—will be purchased for use by the various health units in all sections of the province.

A grant of \$46,100 has been made available to Hôpital Ste-Justine, Montreal, Quebec. It will be used to assist in the purchase of new x-ray equipment with closed circuit T.V. and a five-inch intensifier for advanced diagnostic procedures of heart conditions.

The Catherine Booth Mothers' Hospital, Montreal, Quebec, has been awarded a grant of \$24,700 to assist in the purchase of a new 500 M.A. x-ray unit.

Diagnostic and Research

The Cytodiagnostic Centre, in the Faculty of Medicine of Laval University, Quebec City, Quebec, will receive \$16,850 to pay part of the cost of its operation. The services provided by the Centre will be available to all hospitals and physicians in the area.

The Institute of Cardiology, Montreal, Que., will receive \$25,700 to stimulate research in applying and perfecting techniques for the correction of cardiac defects which will respond to surgery. This research project has been established as a long-term study for the continued development of extracorporeal surgical procedures.

Grants totalling \$158,657.90 have been approved for a series of research projects on heart and related diseases to be carried out in the next fiscal year. The projects covered involve a number of hospitals, research institutes and medical schools across Ontario including two in Ottawa.

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Provincial Notes

British Columbia

The new Golden and District General Hospital at Golden was officially opened in March. The 23-bed single storey hospital was built at an estimated cost of \$358,000 of which the provincial government will pay approximately \$179,000. It will replace the existing hospital which has been serving the area since 1895. The hospital will provide a full range of general services including an operating room, delivery suite, emergency ward, diagnostic and treatment facilities, and a solarium for ambulatory patients. Architects were Smith and McCloud of Vancouver and Trail.

The Minister of Health Services and Hospital Insurance, Hon. Eric Martin, announced that the provincial government had authorized progress payments totalling \$219,017.46 to be distributed among six B.C. hospitals. These outright grants represent payments towards hospital construction, of which the provincial government pays 50 per cent of the approved costs and, in addition, pays one-third of the total cost of equipment purchases. The largest progress payment was in the amount of \$85,012.49 for the Lions Gate Hospital, North Vancouver, towards the cost of their new 283-bed hospital. The Kimberley and District General Hospital, Kimberley, will receive two progress payments totalling \$48,101.71 towards the cost of a new 48-bed hospital, which recently commenced construction. A progress payment of \$13,939.46 was authorized for St. Joseph's General Hospital, Dawson Creek, towards the costs of their new 60-bed hospital which is due for completion late this year.

Alberta

The Hinton Municipal Hospital has been officially opened by Dr. A. Somerville, Deputy Minister of Health for the province. Following the opening ceremonies, the public inspected the hospital with the nursing staff acting as

guides. The 25-bed hospital has been designed to allow for future expansion to provide approximately 20 additional beds without changing any of the present utilities or equipment. This hospital has a closed circuit television system connecting the childrens' ward and the nurse's desk so that the small patients are under supervision at all times.

Saskatchewan

Yorkton is planning a new \$3 million health centre in the southwest end of the city. There is to be a \$1,500,000 Union Hospital to replace the old general hospital, and a \$1,500,000 psychiatric centre to consist of various units. The cottage unit will house 20 patients, while each of the nursing units will accommodate 30. The cottage units will be joined by underground tunnel. An infirmary of 34 beds is designed for the patients who require both medical and psychiatric care. Architect for the proposed psychiatric centre is Mr. Izumi of Izumi, Arnott and Sugiyama of Regina. (See *Canadian Hospital*, May, 1957, page 40).

Construction has commenced on a section of the Lac La Ronge hospital. Value of the unit, which will include the nurses' residence, is about \$65,000. This project is included in the general contract for erection of the Lac La Ronge hospital which was awarded to the Saskatoon firm of W. C. Wells Construction Co. Ltd. Architects are Kerr, Cullingworth, Riches and Associates of Saskatoon.

A new Regional Hospital Council has been organized. At present there are four Regional Hospital

Councils in the province. Hospitals in the following centres are partaking in the formation of the Council: Broadview, Grenfell, Wawota, Moosomin, Maryfield, Kipling, Whitewood, Indian Head, Wolseley, Qu'Appelle, and Montmartre. It is hoped that with the establishment of this Central East Hospital Council more hospital boards in this area will also join in.

Manitoba

The new Riverdale Hospital at Rivers was officially opened by Hon. George Johnson, M.D., Manitoba Minister of Health and Public Welfare. The single storey building, costing approximately \$260,000 contains beds for 17 adults and four children, in addition to a complete nursery with eight bassinets. Architects were Ian Brown and Associates of Brandon.

Construction of a nurses' residence for the Misericordia General Hospital in Winnipeg is planned and it is expected that tenders will be called when plans are completed. Architect for the project is P. M. Casey of Winnipeg.

The Bethesda Hospital Society which built the hospital at Steinbach has agreed to sell its building and equipment to the District Hospital Board for one dollar. Book value of the structure and equipment stands at approximately \$50,000. The inventory account of \$10,574.61 must be paid on or before the date of turning over the property. It was pointed out that the sale would facilitate negotiations now under way to enlarge existing facilities, which are urgently needed.

Ontario

The Humber Memorial Hospital, Weston, Toronto, is to have a four-storey extension which will add 180 more beds at a cost of \$1,700,000. Architects are John B. Parkin Associates of Toronto.

The Board of Governors for Hamilton General Hospitals has approved the early construction of a three-floor structure as an initial addition to the existing down-town hospital. The addition will include post-operative rooms, an administrative wing, a psychiatry department and a laboratory. The cost is estimated at \$1,500,000. Architect for the pro-

(continued on page 84)



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Medical Records (continued from page 58)

Where else can you look for candidates? The local high school, or the high school in communities your hospital serves. How many young people are aware of the opportunities available in the hospital field today? I would strongly recommend that you place the "Hospital Careers" booklet recently supplied to you by the Ontario Hospital Association in the hands of as many teenagers as possible. See your high school staff. Advertise.

Now you may say, "That's all very well, but we haven't enough work for a full time librarian. Why spend time and money training a candidate for a few hours' work? A clerk can file our records and we'll get by with that." However, as I have tried to prove, adequate care of the sick and injured must include the proper organization of the medical data, and this is most efficiently done by creating a medical record department. In a small hospital a variety of jobs have been done, and still can be done by one person. The first step is to find a suitable candidate. Then start organizing a medical record department. This department should be her first consideration. Other duties can be added. Why not admitting? There is a definite correlation between admitting and medical records, and the two departments can quite conceivably be united until hospital expansion warrants their separation. Another possibility would be secretarial work for the superintendent. The confidential nature of the work in medical records parallels the confidential quality of the secretarial aid the superintendent requires. Other job groupings will no doubt present themselves on closer examination of your hospital requirements. The most important aspect to keep in mind is that your candidate is your medical record librarian first of all. Other positions become secondary to this. As soon as expansion warrants it, the librarian should be relieved of her secondary duties.

Space and Equipment

Our other two requirements for the establishment of a record department are adequate space and equipment. The department should be located in the administrative wing, and it should be placed where it will be convenient for the greatest number of physicians. I believe you can find no better situation than adjacent to the

staff cloak room. I would estimate that a hospital of 100 beds or fewer should have a record room large enough to accommodate two stenographers' desks, a table for the use of the doctors, and 7 or 8 steel filing cabinets. Apart from this you will require a dry, airy room, not necessarily adjoining the record room, but in the main building if at all possible, for the storage of non-current records. If you are fortunate enough to have a board room or library for use of the medical staff adjoining or near the record department you could eliminate the table required for the use of the doctors. One of the steel filing cabinets should be equipped with trays for the patients' index, physicians' index, and disease and operation index. All the file cabinets in the record department should be of steel, and have ball-bearing equipped drawers. At least two years' current files should be kept in the record room, for it is usually in that period that most records are removed for reference. We have found in our non-current storage room that wooden crates stacked in rows provide cheap, efficient filing space. The only other major investment would be a late model typewriter. We have found ourselves that we do not require a typewriter for each member of the staff. Movable typewriter tables allow easy transportation of typewriters about the room, for often it is required by someone for short periods only. Reference books are of utmost importance to your medical record librarian. Some of these must be in her department. In the smaller hospital others can be among the reference material of the superintendent, but available for her use. These are essential:

1. an English dictionary (Webster's New Collegiate Dictionary would be excellent);
2. a late edition of a large medical dictionary (Dorland or New Gould);
3. a textbook of anatomy and physiology;
4. the latest edition of the *Standard Nomenclature of Diseases and Operations*;
5. a companion to this, the *Textbook and Guide for Standard Nomenclature* (an invaluable aid to the candidate learning while working);
6. a late edition of the *Manual for Medical Record Librarians* by Edna K. Huffman;

7. a copy of the Public Hospitals Act; and

8. a copy of the Hospital By-laws.

For those of you who have no organized record department or are contemplating reorganization, let us consider briefly what a record department should provide in order to pass examination for accreditation, fulfill the obligation to the patient, and meet all requirements of the Public Hospitals Act. The record department must have a suitable filing system. It should provide the administration, the board, and the medical staff with a monthly statistical report. A physicians' index should be maintained. An index of diseases and operations, according to the *Standard Nomenclature of Diseases and Operations* should be set up.

There are two good methods of numbering records for filing. One is the unit system and the other the serial-unit. In the unit system, the patient is given a number in medical records on his first admission to hospital and retains that number for all subsequent admissions to hospital. Under the serial-unit system, the patient is given a new number for each admission, but all previous records are brought forward and filed under the new number. The second method is practical only in smaller hospitals for it necessitates a transfer index. However, it has several advantages. All current records are filed together. Also we can use the admission number for the medical record number as well. I have found that such short cuts, when practical, help reduce the number of persons required in the department and are also an aid to improved efficiency.

A stumbling block to a good many record departments is the installation of an index of diseases and operations. Many systems have been used but the only one really acceptable today is the *Standard Nomenclature of Diseases and Operations*. The Ontario Hospital Services Commission originally requested that diagnoses be submitted according to the international classification, but have recently requested that terminology according to the Standard is desired. A study of the Nomenclature is made by the extension course student, but given a bit of help, someone with a good knowledge of anatomy could

(continued on page 70)

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6. Edwards Synchronous Clock System automatically resets for any power failure. All types of clocks are used in offices, corridors, and reception areas. Edwards elapsed time indicators are installed in operating rooms.

7. Emergency alarm for protection of nurses. As nurse enters room, she uses key to light dome lamp, shown above. In any emergency, she activates momentary push button which causes red dome lamp to light in corridor. Lamp and alarm bell are set off at master station.

Medical Records

(continued from page 68)

get started with such an index. We have found that once the code numbers are on the case history, anyone can transfer the information to the individual cards.

Accreditation requires a physicians' index also. This can be as elaborate or as simple as you may wish to make it. A simple listing of all cases treated in hospital by each physician, and also a list of

all operations performed by each surgeon is all that is required. We use a loose-leaf 8½" x 11" notebook and break down the cases by service, i.e., medicine, surgery, et cetera. On the list of operations we record the name and case number, assistant, anaesthetist and name of operation. This index is confidential and available only to the superintendent or the credentials committee of the medical staff. The individual doctor can refer to his

own list, and it is surprising how many times such an index saves a lengthy search for a particular case.

The monthly statistical report is provided for the use of the superintendent and the board, and also the medical staff. It should include the number of admissions, births, discharges and deaths. You may want your admissions broken down into other categories. For instance, segregated according to the municipalities in which the patients reside. You may also want to know your percentage of occupancy by units, the daily average number of patients in residence, the number of operations performed during the month. Your own specific needs will present themselves as the report is used and additions or deletions made as seen fit. This report should also include figures on the death rate, stillbirth rate, autopsy rate, caesarean section rate, average length of stay, hospital infections, and so on. Because the Hospitals Act requires the medical staff to review all deaths occurring during the month at its monthly meeting, a list of deaths should be included with this report. Once you have reached a decision on what you want your monthly report to include, the medical record librarian arranges her daily workbook accordingly and accumulates the figures in a systematic manner.

- June 13-17—Canadian Medical Association, Annual Meeting, Banff, Alta.
June 13 - 17—Canadian Society of Radiological Technicians, 18th convention, Macdonald Hotel, Edmonton, Alta.
June 14 - 16—Canadian Dietetic Association, Queen Elizabeth Hotel, Montreal, Que.
June 19-24—Canadian Nurses' Association, biennial meeting, Nova Scotian Hotel, Halifax, N.S.
June 22-25—Canadian Physiotherapy Association, annual convention, Vancouver, B.C.
June 27-29—Comité des Hôpitaux du Québec, annual convention, Provincial Exhibition Grounds, Quebec City, Que.
June 28-July 1—Maritime Hospital Association, Algonquin Hotel, St. Andrews, N.B.
Aug. 28 - Sept. 2—International Society for the Welfare of Cripples, Eighth World Congress, Waldorf-Astoria, New York.
Aug. 29 - Sept. 1—American Hospital Association convention, San Francisco, California.
Sept. 6-9—Western Canada Institute for Hospital Administrators and Trustees, Queen Elizabeth Auditorium, Vancouver, B.C.
Sept. 20-21—Catholic Hospital Conference of Alberta, 17th annual meeting, Jubilee Auditorium, Edmonton, Alta.
Oct. 10 - 11 — Catholic Hospital Conference of Saskatchewan, Bessborough Hotel, Saskatoon, Sask.
Oct. 10-14—American College of Surgeons, 46th Annual Clinical Congress, San Francisco, Calif.
Oct. 12-14—Saskatchewan Hospital Association, annual meeting and convention, The Bessborough Hotel, Saskatoon, Sask.
Oct. 18-20—Manitoba Hospital and Nursing Conference, Winnipeg.
Oct. 24-26—Ontario Hospital Association, annual convention, Royal York Hotel, Toronto, Ont.
Oct. 25 - 27—Associated Hospitals of Alberta, Edmonton, Alta.

(concluded on page 77)



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Aging Population (continued from page 41)

of an average age of 76 years, 66 per cent are admitted direct from home and 34 per cent transferred from other hospital wards. All go through the Rehabilitation Unit, which consists of between 65 to 70 beds where investigation, treatment, medical-social assessment and re-settlement are undertaken. Fifteen per cent become long-stay patients, but still require care and treatment. This unit requires a ratio of four long-stay beds to one acute bed, and is for chronic invalids and infirm patients unable to be discharged home or to residential care. Of the balance, or 85 per cent of the admissions, 55 per cent are discharged to home care or residential care, and receive a review of doctor, social worker, physiotherapist, and may attend out-patient department or occupational therapy. Five per cent require institutional care such as private nursing, home or psychiatric care, and finally 25 per cent die within 12 months.

West Middlesex County Hospital

The next geriatric unit visited was a part of the West Middlesex Hospital, Isleworth, where Dr. Marjorie W. Warren is the consultant physician. Many consider Dr. Warren the dean of geriatrics in Great Britain. And like the other units visited, the amount of treatment carried out on the wards of this unit was very impressive. At least 95 per cent of patients are up for some time during the day.

The many years of experience Dr. Warren has had in this field are amply demonstrated by the number and ingenuity of the various physical aids used to assist patients and demonstrates her enthusiasm and resourcefulness. Dr. Warren has stated that physical medicine and developed use of physical agents mark one of the great advances in medicine in modern times. She points out that some of the newer and lighter materials such as plastics for light splinting, make it possible and practical to provide help which was impossible to do with heavier cruder materials in the past. She divides medical aids into three sub-headings: (a) aids for personal needs (b) supports and (c) invalid chairs and propulsion machines. When this unit was visited many aids of various types were noted to be in use. Tripods made of an aluminum alloy, adjustable in height, and tetrapods made of

wood, both designed by Dr. Warren, were in common use. Guthrie Smith frames were in use for exercising and also supporting paralysed limbs and were also being used in conjunction with pulleys, so that a patient could assist himself, get some exercise and lighten the load of the nursing staff. There were also in use some simple items, such as a piece of scantling 2"x4" about four feet long. These were placed on the floor against the ends of the bed and used by patients to prevent their feet from slipping as they exercised in raising themselves from a chair and grasping the end of the bed.

There are multiple uses for small pillows, foam rubber and plastic covered, which are used for raising a patient or making him comfortable for forcing him into a correct posture while exercising. Heat treatments of various types are carried out on the wards. All this equipment requires a good spare ward equipment room. At least two self-propelled toilet chairs are required for each ward of 25 to 30 patients, and toilet stalls should be of sufficient size (approximately 5'x6') to allow the patient to manipulate these chairs. Bathrooms of sufficient size to allow for a free-standing bath, hydraulic lift, weigh scale and sufficient space to manoeuvre a stretcher are required. Hand rails are required throughout the unit, they should be 1½" in diameter and two inches clear of the wall, with supports coming from the underside of the rail. They are required in corridors, bathrooms, toilets and stairs (both sides).

A day room is essential for each floor and should be of sufficient size to accommodate 75 per cent of the patients which it serves. It should be home-like in appearance and if it is possible to have it open onto a terrace or hospital grounds, so much the better. Obviously, furniture throughout the unit must be sturdy to provide support; floors must be as non-skid as possible, and all types of sticks, tripods and tetrapods should be provided with rubber ferrules to prevent slipping.

Cowley Road Hospital, Oxford

I was very fortunate to be able to spend two days with Dr. Lionel Z. Cosin, Clinical Director of the Cowley Road Hospital, and its allied annexes for the care and treatment of geriatric patients in the Oxford area. This hospital serves a population of some 250,-

000, of whom 11 per cent—approximately 27,500—are individuals of pensionable age.

In answer to a question posed to Dr. Cosin when he gave a paper in the U.S.A. in 1956,² he summed up a principle in the care of the aged to which we, in Canada, should give serious consideration:

"The rate of intellectual and physical deterioration of persons in the age group under consideration is not so rapid as is generally supposed. If we eliminate the considerable quantum of institutional and domiciliary neglect that society has tended to accept in lieu of effective treatment of the aged, we find that the geriatric patient who survives a specific group of pathologic processes does not need to remain bedfast. Wherever the rehabilitation potential is maintained at a higher level than the rate of deterioration, the result is empty beds in the hospital for the aged."

Since the last war, I believe, the institutional neglect referred to by Dr. Cosin, has been eliminated in the geriatric service he heads, by replacing mere custodial care of the aged indigent, to a unit in the dynamic interactivity of community life. He described his new approach to patient assessment, where pathologic diagnosis is the first step followed by an assessment of psychologic need and sociologic assessment with respect to re-integration within the family group, and finally an assessment of the residual physical disability following the completed course of treatment. This process continues indefinitely through out-patient services and re-admissions to the unit when required.

In studying the case histories of a group of patients, aged 60 and over, admitted for custodial care in 1947 and 1948, it was found that nearly 40 per cent died within six months of admission, with the majority of deaths occurring within 30 days, and that slightly over 40 per cent were discharged within six months. It was evident then that 80 per cent of the admissions were patients suffering acute illnesses. One-hundred per cent of the patients were bedfast on admission, requiring 24-hour nursing service; 14 per cent were bedfast on the 90th day, but only three per cent after six months and 1.5 per cent after one year. Hence, long-

(continued on page 76)

² Lecture given 15th May, 1956, Kaiser Foundation Hospital, Oakland, California, by Lionel Z. Cosin, M.D., F.R.C.S.

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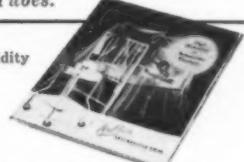
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Aging Population (continued from page 72)

stay annexes of various categories were provided for those patients who have overcome their illnesses sufficiently to meet a new situation.

Dr. Cosin has organized his service into various units based upon the assessment of need. First is the diagnostic and treatment unit of 70 beds for patients requiring 24-hour medical and nursing care. This in turn has about ten beds, where oxygen and suction are available and intensive treatment is given. Patients normally stay only a few days in these beds. The majority of beds are used for convalescent patients with less rigid routines, but with similar medical and nursing care, treatment and investigation as for the ten intensive treatment beds. The work of the clinical psychologist, medical social worker and physical rehabilitation all commence in this unit.

1. *Long-stay annex for the ambulatory patient.* This unit is organized on the basis that patients fit to return home and live alone, must prove capable of doing without nursing aid at night and only minimal nursing care during the day (Dr. Cosin's unit consists of a 20-bed dormitory staffed by two aides). There is what is known as the Independent Unit of 11 single bedrooms. Here patients make their own beds, dust their own rooms and generally help run the small unit on a group-psychotherapeutic basis. When they realize that they are virtually independent, they are considerably reassured as to their social confidence, as is their family, and this is a valuable means of re-settlement back in the community.

2. *Long-stay annex for the frail ambulatory patient.* Patients 80 years or older are not physically fit to live alone in the ambulant annex and also certain other persons, who although physically independent need medical and nursing supervision during the day and night but not bedside nursing care, occupy the unit. There are 110 beds in this rehabilitation annex containing the type of equipment aids as mentioned in Dr. Warren's unit, for as Dr. Cosin believes, physical treatment in the field of geriatric medicine can be the basis of restoration and independence. Here the patients have the responsibility of making their own beds, cleaning their rooms and planning, preparing and cleaning away one meal daily.

3. *Long-stay annex for patients in a state of senile confusion.* Forty beds are provided for patients in this category. Dr. Cosin points out that the majority of these patients are seriously ill and their life expectancy is poorer than that of any other group.

It can be seen that the organization of the geriatric units visited are based upon the recognition of degrees of disability, and further, that relatively few hospitalized elderly patients need be bedfast. In 1949 the Cowley Road Hospital of 260 beds, plus two small units of about 60 beds each, totalling 370 beds, were full of bedfast patients. Now the Cowley Road Hospital has 184 beds, a reduction of 76 beds. Instead of admitting patients at the rate of approximately 200 yearly, they now admit 1,400 patients yearly, to about the same number of beds. The average age of patients has risen from approximately 68 years in 1947 to 74.9 years in 1956, and is perhaps higher today, although the hospital is receiving an increasing number of brain injury cases in young people following road accidents, which might tend to lower the average age of patients on admission.

A very fine one-storey day hospital has been constructed recently where patients living at home are called for in the morning and returned in the evening. They spend their day in the unit where occupational and physical therapy play a large part. As well as this service, the hospital has a large holiday admission program, wherein patients are admitted for short periods because of social urgency. A high re-admission rate is a part of the service to the community. Such a program encourages families to accept rehabilitated patients with confidence, knowing that if any social emergency does arise, the hospital is willing to help in a very practical way.

Finally, Dr. Cosin,³ when discussing the care and treatment of the geriatric patient, pointed out that two fundamental errors have been made. First is the facile acceptance of the inevitability and irreversibility of pathological processes in the elderly. Mortality due to certain diseases has been reduced due to various therapeutic agents, and morbidity in the elderly and some means of its reduction

have become of great importance, as the hospital stay of this group greatly exceeds the average. Unless physical medicine solves the problem of geriatric rehabilitation, there will not be sufficient hospital beds. The second point is the failure to recognize the possibility of a restoration of physical activity in elderly patients with crippling conditions. With decreasing mortality rates and increasing morbidity rates of the elderly in the next two or three decades, there will be an increased problem of hospital accommodation. It is within the sphere of physical medicine to ameliorate this problem—if not to solve it.

In conclusion, may I say that a comparison of what I saw being accomplished in Great Britain with our own care of the geriatric patient, suggests that much remains to be done in that particular field in Canada. If we provide for custodial care only in our "chronic hospitals and nursing homes" we will require more and more beds to meet an ever-growing need. If we keep all aged patients, regardless of their degrees of physical independence in institutions providing 24 hours bedside nursing care, we will not have sufficient staff to cope with our needs. So it is in this field that there is a need for an integrated system of acute treatment with facilities for continuous treatment, both physical and psychological, convalescence and home care programs all developed under the enthusiastic and informed leadership of our medical profession.

There are a number of authorities in Canada who are very cognizant of the need for further studies and re-assessment regarding the care of our geriatric patients. This is emphasized by conferences that have been held recently in this regard, such as the Manitoba Conference on Aging, May 1958, and the Conference on the Aged and Long-term Illness held in Regina in June of this year. The wide scope of subjects discussed at these meetings augurs well for practical solutions for both hospitals and patients, to meet Canada's need in this all important field of health and welfare for our senior citizens.

The writer wishes to express his deep appreciation to Drs. G. F. Adams, L. Z. Cosin, and M. V. Warren, for the generous help given not only in describing the work being undertaken in their hospitals, but also for making

³ Discussion on the Rôle of Physical Medicine in Geriatric Practice, J.R.S. of May 1953, Vol. 46, No. 5.

available a number of articles they have written, from which the writer has borrowed extensively.

Bibliography

- G. F. Adams and E. A. Cheeseman, 1951, Report on Medical and Social Problems of Old Age, N. Ireland; *Hospital Services for the Elderly Sick*; and *The Social Medicine of Old Age*.
L. L. Cosin, Kaiser Foundation Med. Bulletin, Vol. 4, 1956—*A new Approach to the Problems of Geriatric Care*; Progress in Psychotherapy 1957—*Current Therapeutic and Psychotherapeutic Concepts for the Geriatric Patient*; and R.S. of Med. Vol. 46—*Discussion on the Role of Physical Medicine in Geriatric Practice*, 1953.
M. W. Warren, 1955, Physical Agents in the Treatment of Chronic Patients; Brit. Med. J. 1950, *Activity in Advancing Years*; Med. Annual 1953, *Incontinence in Old People*; and *Geriatrics* Vol. 14, 1959, *Mental Confusion in Elderly Persons*.

Medical Records (concluded from page 70)

for the monthly statistical report we have devised a system that is for us, accurate, efficient, and economical. This is but one illustration of what a medical record department can accomplish above the basic requirements.

In conclusion I would like to draw your attention to the rôle of the medical records committee of the medical staff and that of the hospital superintendent. The medical staff should be encouraged to select members for this committee who will be willing to review records, report to the staff and act as consultant to the medical record librarian. The medical record librarian is directly responsible to the superintendent. It is the responsibility of the superintendent to set the department's policies and to support the medical record librarian in the performance of her duties.

A dedicated librarian with the wholehearted support of the superintendent and medical staff can achieve a medical record department of which the entire hospital can be proud, whether the hospital in which she works has 50 or 500 beds. ■

Tentative Program for Coming Convention

The Convention of the Canadian Society of Laboratory Technologists is to be held in Montreal from June 12 to 16. Included in the tentative program are scientific sections on histology, haematology, bacteriology, biochemistry and blood banking.



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Our Changing Food Industry (continued from page 54)

provides a safe dependable means of preserving a wide variety of foods at room temperature for extended periods of time.

Frozen foods are a relatively new and rapidly-growing segment of the food industry. Today's leading frozen food items include: vegetables, fruits, pot pies, concentrated juices, potato products, fish sticks, complete dinners, waffles, and pies. One of the main trends in frozen foods is toward more

complete preparation of food prior to freezing. At least one concern is developing a vending machine that will deliver a frozen dinner, heated and ready-to-eat for the mere effort of depositing sufficient coins.

Dehydration still offers interesting possibilities for producing good-quality convenience items in fruit juices, vegetables and potato products. It will continue to play an important part in large-scale feeding programs. Special processed items such as baby foods and dietetic foods have become prominent

in the food industry and will continue to increase.

Processing concerns in general are becoming larger, fewer, and more diverse. Mechanization has markedly reduced the labour requirements. One machine can fill and seal several hundred cans or packages per minute. Washing, blanching, conveying, cooking, packaging, labelling, and warehousing are mechanical and continuous, and the larger the operation, the less the overhead cost. Automation will be the keynote of tomorrow's food processing plant with operations conducted from a central control room and inspection of product and process by closed circuit TV.

Food packaging is now an industry in itself. The trend has been from large to smaller packages, and in some instances, to individual servings. Collapsible tubes are on the increase for such products as meat and cheese spreads, mustard, ketchup, mayonnaise, peanut butter, honey, syrups, and toppings. A number of these are also marketed in aerosol containers and dispensed by means of an internal propellant through a valve on top.

Future Developments

Industry and government research laboratories are continually seeking a more thorough understanding of the basic constituents of foods and their variations in order to improve the quality of present food items. They are also devoting much effort to the development of new raw materials and products and to more efficient production, processing, and distribution methods. New possibilities for food preservation include radiation sterilization and the addition of selected antibiotics. It will be many years however, before these are widely used as basic preservation methods. Their application will first be in combination with canning, freezing, or dehydration as means of further extending the storage life of perishable foods in attractive and palatable form. It may be necessary in the future to give greater emphasis to the nutritional aspects of foods. As consumers, we should be sure that the products we eat are supplying the needs of our bodies and not merely the fancy of our eyes or the limitations of our wallets.

The consumer is in fact the ultimate judge of whether there should be more or less packaging, larger or smaller packages, fancy

(concluded on page 82)

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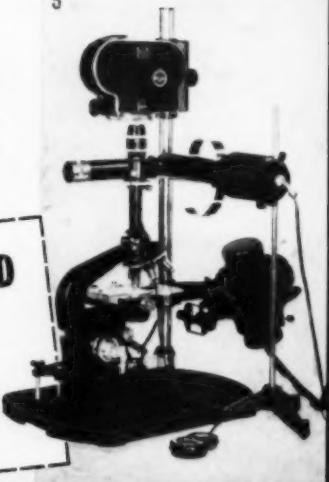
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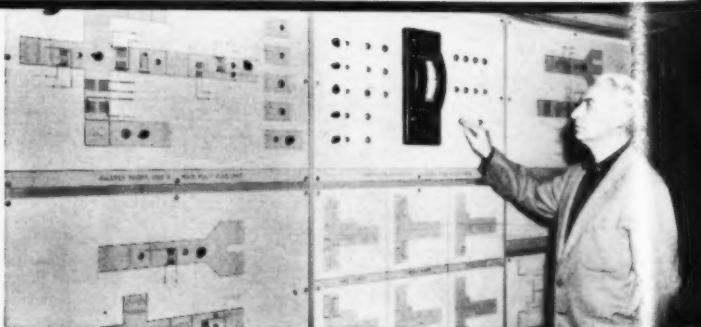
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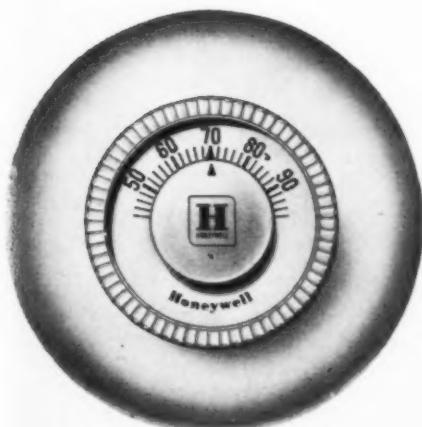
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Our Changing Food Industry
(concluded from page 78)

or mediocre quality, etc. by simply expressing judgment in the grocery basket. Science and technology, while providing the changes, are the servants and not the masters. The changes and desires are introduced only as we are willing to accept and pay for them.

It would seem that an orderly development of the food industry of tomorrow depends upon: the introduction of a moderate number of new products each year, the

maintenance of a stable proportion of the income dollar for food, and a confidence of the buyer in the quality of food products that are masked or hidden by packaging. It depends also on the maintenance of adequate nutrient retention in foods as they pass through the various processing and marketing channels, and on further improvement in the colour and flavour of certain food products. It will be increasingly important to maintain a broad understanding between the various segments of

the food industry and to assure that the technological advances and developments are for the benefit of the industry generally and for the population as a whole.

Rehabilitation of the Handicapped

Skills Unlimited is a four-year-old, non-profit organization set up by a group of Montreal businessmen to help provide employment for handicapped people. The organization accepts contracts and sub-contracts for a wide variety of jobs, and during the last four years has paid out about \$200,000 in wages to some 120 handicapped people. In the same period the organization has trained 32 employees or regular jobs in outside industry, and its employees have paid \$10,000 in income tax, and saved a further \$10,000 in government disability allowances to the taxpayer.

Dr. Wilder Penfield, Montreal neuro-surgeon, speaking at a dinner given by the handicapped workers of Skills Unlimited Inc. to their Board of Management, said: "Here is a splendid demonstration of the way courageous men, when rehabilitated, can support themselves, not asking for charity . . . But this should be only a beginning. They need much greater space and this shop should be duplicated here and all across Canada."

Meeting of Clinical Chemists

The Canadian Society for Clinical Chemistry and the American Association of Clinical Chemists will hold their annual meetings jointly in Montreal at the Queen Elizabeth Hotel on August 29th, 30th and 31st, 1960. It is expected that over 400 persons will attend the combined meeting, and that more than 70 scientific papers will be presented, covering all phases of clinical chemistry. There will also be scientific and commercial exhibits, special lectures by outstanding clinical chemists, and entertainment, including a civic reception on Mount Royal. Further details may be obtained by writing to Dr. Eleanor Harpur, Montreal Children's Hospital, Montreal, Chairman of the local committee.

Titles of papers to be presented at the meeting must be submitted, along with abstracts of not more than 200 words, to Dr. D. B. Tonks, Hospital for Sick Children, Toronto 2, Ontario, before May 1st, 1960.

Application forms for membership in the Canadian Society may be obtained by writing to Dr. Tonks.

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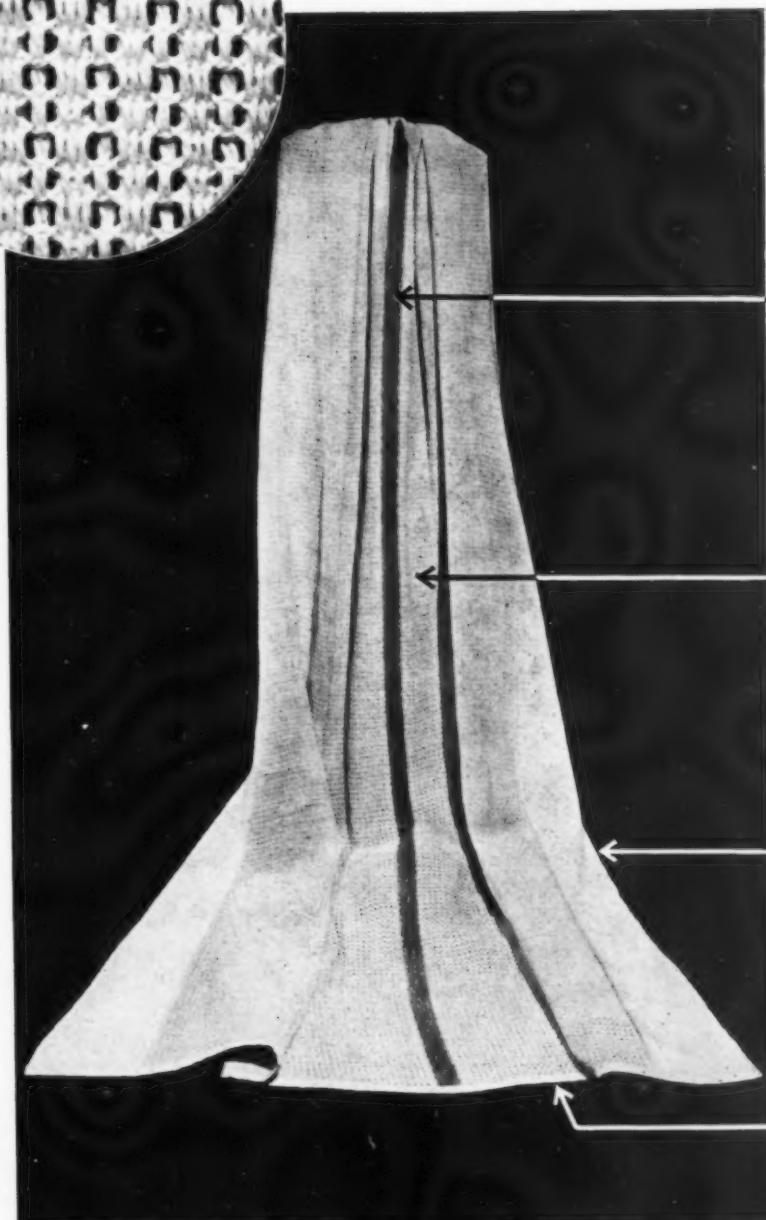
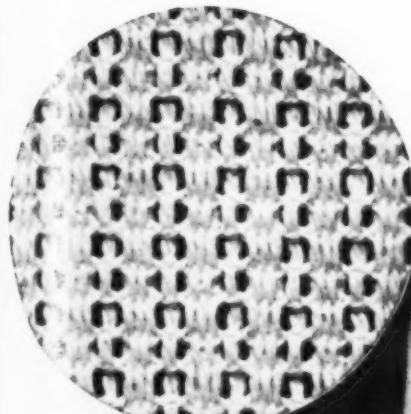
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Provincial Notes

(continued from page 66)

ject is Stanley Roscoe, city architect, Hamilton.

Federal, provincial and county grants are expected to total \$810,000 with an additional \$250,000 being sought in public subscriptions, for the one-storey 65-bed Georgetown and District Memorial Hospital.

The Pembroke Cottage Hospital, Pembroke, is planning to build a \$775,000 three-storey addition. Plans are being prepared by architects Drever and Smith of

Kingston. The new addition will house extra active treatment beds, operating rooms, reception areas and other facilities. It is hoped that building will begin early this summer.

Tenders have been called for the completion of the third floor of the Alexandra Hospital, Ingersoll. The new floor will be designated for maternity and newborn care. The first and second floors will be re-allocated to take care of 15 chronically ill, and for medical and surgical care. Financing of the project will be possible

entirely by provincial and federal grants.

A United Counties' Council has approved a contribution of \$100,000 to Cornwall General Hospital, which will be used in the construction and equipping of a new 50-bed addition. The grant will be payable in five yearly amounts of \$20,000.

The Stratford General Hospital plans further expansion to accommodate 40 more beds. Total new construction of 18,000 square feet was included in the plans. Estimated cost of the addition is approximately \$1,000,000. Architects for the project are Marani, Morris and Allen of Toronto, with Agnew, Peckham and Associates as consultants.

New x-ray equipment for Toronto East General and Orthopaedic Hospital is provided through a \$23,995 grant from the Atkinson Charitable Foundation. The Foundation has also granted \$5,000 to help provide x-ray equipment for the expanded Leamington District Memorial Hospital.

Quebec

The Canadian Council on Hospital Accreditation has accredited the Brome-Missisquoi-Perkins Hospital in Sweetsburg. The accreditation is a recognition of the quality of medical and hospital services offered by the hospital.

L'Hôpital St-Joseph in Rimouski is to have a new six-storey wing estimated at approximately \$1,000,000. A total of 125 beds will be added to the present 300 beds. The wing is to be built to the west of the hospital. Construction is to start this month. Architect for the project is M. Jean Michaud of Montreal.

General contract is awarded to Desaulniers Construction Ltd. for the construction of the new \$4,000,000 l'Hôpital Général Fleury in Montreal. The 11-storey hospital is to have 300 beds. The structure will have reinforced concrete foundation, stone and brick exterior, and floors of tile and terrazzo. Architects for the project are Roux and Morin of Montreal.

The City of St. Laurent, one of Montreal's largest suburbs, is to have a seven-storey 165-bed hospital. Cost is estimated at about \$3,000,000 and a financial campaign is being undertaken.

L'Hôpital Jean Talon Building

(concluded on page 96)



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Provincial Notes

(concluded from page 84)

Fund has collected 96 per cent of its \$3,000,000 objective. The new wing of l'Hôpital Jean Talon in Montreal, to be officially opened next month, will provide 274 more beds, 64 cribs and a residence for 14 interns.

Because one of the members of his family has already benefited from the services of an artificial heart-lung, a Montreal resident has donated \$13,000 to defray the cost of a similar machine to be installed at l'Hôpital Notre-Dame in Montreal.

Newfoundland

It is hoped that tenders will be called in May for the proposed new Central Newfoundland Hospital at Grand Falls. The hospital will have 129 beds at an estimated cost of \$2,000,000, with the community, and the provincial and federal governments contributing roughly one-third each.

Middle-age is when you have met so many people that every new person you meet reminds you of someone else, and usually is.

—Ogden Nash

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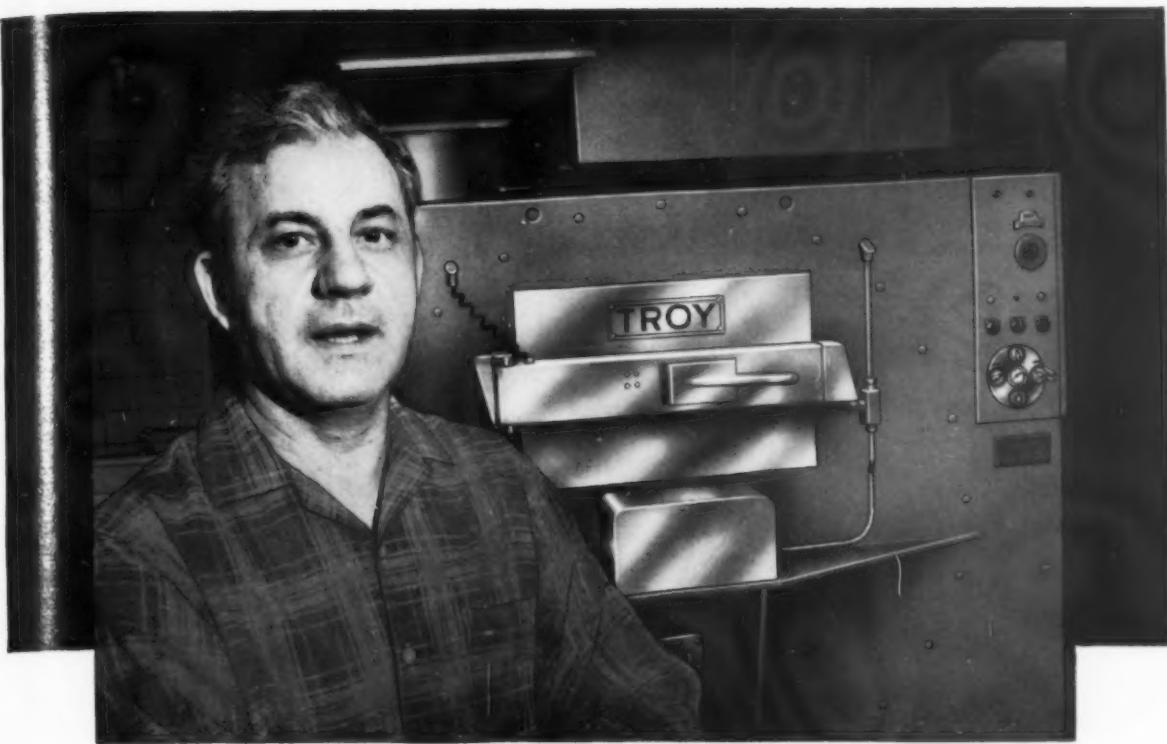
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Have You Thought of This?

The increased average height of the younger adults has been giving concern to hospitals which have been finding an increasing number of beds too short for the patients. Many hospitals have purchased a number of extra long beds. However changes should be considered elsewhere, too. In the kitchens and work rooms the tables are proving to be too low for many of the em-

ployees and the constant stooping tires them rapidly and frequently brings on chronic backache. The same situation applies to many tasks in the laundry and the laboratories. When new equipment is being ordered or built, this point would be worth keeping in mind.

* * *

Canada First!

It is interesting to learn that Canada was the first country to accord military rank to women. After the return of the nurse volunteers for South African service, the Canadian government gave

them placement on a Reserve list in the active militia. In 1904 the women on this list were given the relative rank of "lieutenant", which placed them in authority over privates and non-commissioned officers whose status was relatively below their own.

* * *

The Stratford Women's Hospital Aid members were hostesses at a community St. Patrick's Tea, when a large number of citizens displayed interest in the work being done for the hospital. Nearly two hundred dollars was realized to assist in this work.

* * *

Conference on Nomenclature Held in Chicago

The National Conference on Medical Nomenclature which was of interest to all hospital workers was held in Chicago on March 1st at the head-quarters of the American Medical Association. The proposed revision of nomenclature, which was promised two years ago when the American Medical Association acquired the Standard Classified Nomenclature, is to take place this year and the Chicago conference was the first official step. Discussion of particular interest to hospitals centred on the problem of the small hospitals and the question of completeness with simplification in revision. The effect of revision upon education, clinical research and morbidity statistics was also considered at some length. Revision of the nomenclature is to be under the direction of the editorial department of the American Medical Association and has been specifically assigned to Dr. E. P. Jordan. A recommendation passed by the conference asked that a committee be appointed to confer with Dr. Jordan in the final decisions on policy and revisions.

* * *

The Porteous Pavilion, named in honour of Dr. Porteous, superintendent of the Verdun Protestant Hospital, Montreal, for the past 37 years, will be ready for occupancy in July.

April — "Cancer Control Month"

This month has been chosen by the Canadian Cancer Society to be "Cancer Control Month" in Canada. The 1960 campaign of the society is now under way. The slogan is again "Fight Cancer with a Check-up and a Cheque". The national objective has been set at \$2,967,500 to continue research, education and welfare services in the fight against cancer.

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Rapport du président
(continued from page 47)

Ce travail est actuellement en cours et d'ici quelques mois nous pourrons vous communiquer les grandes lignes de ce rapport qui fera connaître la nécessité d'avoir des pharmaciens dans les hôpitaux et la ligne de conduite qu'il nous faut suivre pour établir sur des bases solides et d'une façon définitive, l'entente qui existe entre l'Association des hôpitaux du Québec et le Collège des Pharmaciens de la province.

Relations Extérieures

A la demande de l'Association des Infirmières de la Province de Québec, vos officiers ont rencontré avec elle, l'Honorable Ministre de la Santé, pour appuyer les demandes d'augmentation de salaires.

Votre président s'est fait l'interprète de tous pour justifier le mérite de leur cause et fournir les explications nécessaires. Je dois vous dire que cette rencontre s'est déroulée dans une ambiance sympathique et à la satisfaction de toutes les personnes présentes.

A la suite de cette rencontre, une réunion conjointe d'administrateurs et de directrices du nursing des hôpitaux de langue anglaise, a connu les résultats que nous connaissons tous.

Au mois d'octobre dernier le président avait l'honneur de conduire à Québec, chez l'Honorable Ministre de la Santé, une délégation composée des directeurs et des contrôleurs d'hôpitaux. Le Dr G. Turner, M. A. H. Westbury, le Dr G. LaSalle, messieurs Brais, Sannon et moi-même avons profité de la circonstance pour faire valoir nos points de vue sur les problèmes financiers de nos institutions.

L'Honorable Ministre de la Santé nous a accueilli d'une façon très cordiale et nous sommes sûrs que cette démarche a certainement joué un rôle dans les déclarations des deux derniers mois.

Je laisse de côté les multiples discussions personnelles que j'ai eues avec le Dr A. Leclerc, où je lui ai exposé en maintes occasions le rôle que joue notre Association dans le domaine provincial de la Santé.

Vos officiers ont utilisé, dans la plus grande mesure possible, la télévision, la radio et les journaux pour faire connaître non seulement les besoins des hôpitaux mais aussi les services immédiats qu'ils rendent chaque jour à la communauté.

Je rappelle tout simplement l'intervention que nous avons faite auprès de la Croix Bleue pour modifier la date de la mise en vigueur des tarifs dans les hôpitaux.

Symposiums

En 1959, l'Association poursuivant toujours son rôle d'éducation, a organisé plusieurs symposiums.

En mai 1959, un symposium sur la comptabilité et les statistiques hospitalières a eu lieu, où 139 participants dont 49 de langue anglaise y ont suivi avec beaucoup d'attention des conférences intéressantes.

Il n'y a aucun doute que les renseignements puisés à ce symposium aideront grandement à comprendre l'adhésion au futur plan d'assurance-hospitalisation.

En août 1959, un cours de comptabilité et d'économie politique, toujours en rapport de l'administration hospitalière, a réuni seize participants durant quatre semaines. Des professeurs de qualité ont exposé des principes fondamentaux et absolument nécessaires dans la pratique courante, de fournir à demande, des rapports documentés aux corporations, au public et aux agences gouvernementales.

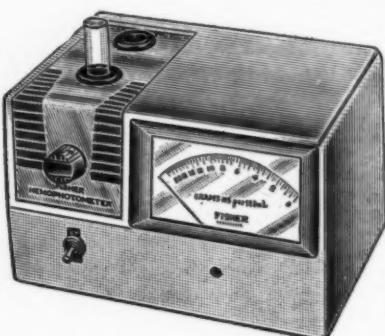
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En novembre 1959, un autre symposium fut tenu sur l'administration et la direction du personnel. Cent vingt-sept participants, dont 22 de langue anglaise ont profité de l'expérience acquise par les chefs de ces départements, non seulement dans les hôpitaux mais aussi dans les industries. A la suite de ces assises, un voeu unanime de l'assemblée demandait à votre Conseil d'établir un comité permanent d'études de relations de travail.

En décembre 1959, deux symposiums furent tenus sur les méthodes de stérilisation et d'asepsie dans les hôpitaux.

Le premier au Royal Victoria, regroupait 125 participants; le second tenu à l'Hôpital Notre-Dame, dix jours après, spécialement pour les hôpitaux de langue française, a enregistré 280 personnes.

	Nombre		Total Province	% Aug.
Hôpitaux	1959	1960		
Généraux	32	48	114	50
Spéciaux	15	19	65	33
Total	47	68	179	44
Lits				
Généraux	7,640	8,919	19,151	16
Spéciaux	3,775	6,114	12,666	61
Total	10,415	15,033	31,817	44
Jours				
Généraux	2,103,373	2,449,183	5,377,822	10
Spéciaux	1,180,051	1,182,842	3,005,202	0
Total	3,283,424	3,632,025	8,383,024	10

Je prends la liberté de vous rappeler que tous ces symposiums ont été tenus sous les auspices de l'Association des Hôpitaux du Québec, certains en collaboration avec le Service d'extension de l'Enseignement de l'Université de Montréal et les autres, grâce à l'hospitalité des

grands hôpitaux d'enseignement, membres de l'Association.

J'adresse, au nom du Conseil d'administration, nos plus sincères remerciements aux grandes industries, aux universités et aux institutions pour le magnifique concours qu'ils ont apporté en nous permettant de taxer leur désir de nous aider et surtout pour leur générosité.

Recrutement

J'en arrive maintenant à ce dernier item qui doit entrer dans le rapport des activités générales pour l'exercice qui vient de s'écouler et qui a trait au recrutement. Grâce au travail que vos officiers se sont réparti j'ai la vive satisfaction de vous annoncer une augmentation considérable dans le nombre de nos membres, dans la quantité de lits que nous desservons et dans la quantité de jours d'hospitalisation, que nous avons fourni aux malades qui nous ont été confiés. Le tableau ci-dessus en fait preuve:

Tels sont mes chers amis, les faits les plus saillants, extraits de notre livre des minutes pour l'exercice qui se termine aujourd'hui.

Ils démontrent, d'une façon indéniable, les progrès que notre association a réalisés dans plusieurs domaines.

Je ne vous cache pas qu'il reste beaucoup de travail à accomplir.

Notre mouvement reste des plus sympathique et j'ai la ferme conviction, qu'en continuant nos efforts, nous réussirons à faire disparaître les préjugés qui persistent en certains milieux.

D'aucuns répètent encore que nous sommes une association neutre; ils devraient plutôt dire non-confessionnelle, car notre activité débordante est loin de la neutralité.

Nous n'avons qu'un seul but: grouper dans Québec et pour Québec, tous les hôpitaux sous la devise de l'Unité afin de défendre de la meilleure façon possible les intérêts

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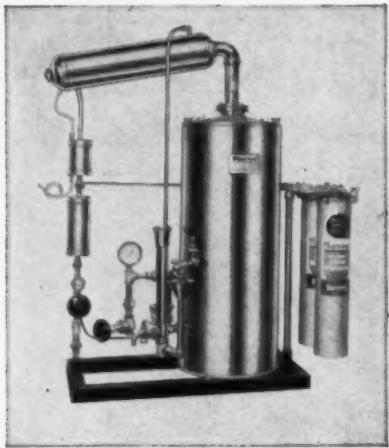


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temporels, qui nous sont communs et de première importance.

Avant de procéder à la poursuite de l'agenda, je me permets d'offrir aux officiers du congrès, aux officiers sortant de charge, aux exposants, à la maison Clarkson-Conway et Associés, à la Firme Marcel Gagnon et Associés et en particulier à Monsieur Inkel, l'expression de notre plus vive gratitude pour la magnifique collaboration qu'ils ont apportée à la préparation de ce congrès. ■

New Psychiatric Hospital

A new psychiatric hospital is to be built in Toronto, Ont. It will be called the Provincial Psychiatric Hospital and Institute and will replace the hospital on Surrey Place which has been operating since 1932. The 240-bed hospital will cost an estimated \$6,000,000.

There will be a children's and adults' out-patient wing and a forensic clinic, which will look after cases referred by the courts and social agencies. There will also be a day and night psychiatric service open to the public where they will be able to come at any time for advice.—*Ontario Government Services*.

Hospital Public Relations Contests

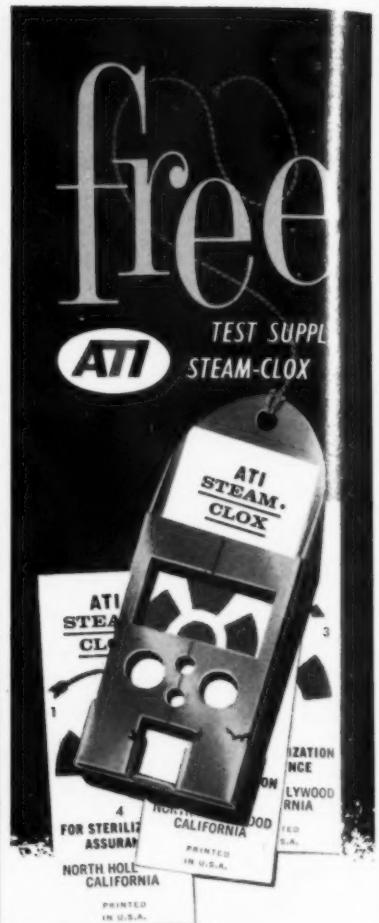
Deadline for receipt of entries in the 1960 *Hospital Management* Public Relations Contest for the Dr. Malcolm T. MacEachern Awards is June 6. Reprints of the article describing the revised contest rules and entry requirements, published in the January, 1960 issue of *Hospital Management* may be obtained by writing: Public Relations Contest, Hospital Management, 105 W. Adams St., Chicago 3, Ill. The contests are sponsored by *Hospital Management* to encourage and stimulate the development of better hospital public relations.

Institute on Dietetics

The Ontario Hospital Association and the Ontario Dietetic Association are again co-sponsoring an Institute on Dietetics to be held in the Roof Garden, Royal York Hotel on April 25, 26 and 27, 1960.

Ulcers Anyone

According to the British Ulcer Research Trust as quoted in *The Brockville Recorder* "the myth of the executive ulcer has been exploded. Fewer ulcers are found proportionately among executives than among lower-paid persons doing routine jobs."—*The Globe and Mail*



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Alternatives

(concluded from page 43)

30 per cent municipal basis. The net cost of maintenance for all residents in homes for the aged would probably not exceed an average of \$2.00 per person per day. This amount includes the cost for caring for bed-ridden persons who require the greater proportion of the services rendered.

The homes for the aged program provides maximum care and

attention to elderly persons who might otherwise occupy hospital beds. The municipalities, as a whole, have been appreciative of this program and appear to be willing to provide additional facilities particularly to serve older persons who are chronically ill.

Private Charitable Homes

In recent years there has been an increasing interest on the part of charitable organizations in

building and maintaining accommodation for older people. These homes are generally operated and maintained by religious and paternal bodies. Almost all major religious denominations are represented with the Roman Catholic Church, the Salvation Army and the United Church in the forefront. There are several new buildings under construction or in the planning stages to serve as homes for the aged under private auspices. Capital costs for the construction of these homes are shared by the province in the amount of \$2,500 per bed or 50 per cent of the total cost of the project, whichever is less. The province also meets 75 per cent of the net costs incurred by the charitable organizations for the maintenance of the residents.

Physicians' Services at Home

In many instances the medical profession can extend their services to patients within their own homes, perhaps to a greater degree than is prevalent today, rather than arranging for hospital care. All recipients of public welfare assistance are eligible for the services of the doctor of their choice at home or in the doctor's office on the basis of an agreement between the province and the Ontario Medical Association.

A most worthwhile program of medical care is being more widely developed within our public homes for the aged. We are also providing greater stimulation and encouragement to the private organizations that operate homes for the aged towards expanding their medical services. The costs of these services are included in the operation of the home or charitable institution and are subsidized in the normal way by provincial grants.

These are some of the alternatives to hospital care that have been developed and are in the process of continual expansion. It is evident that a full measure of co-operation must be maintained among the province, municipalities, health and welfare officials, the medical profession, hospitals, private organizations and individuals. We can achieve the goal of keeping our hospitals reasonably free to treat active cases by developing additional facilities and services to meet the varying needs of those who do not really require hospital care. ■



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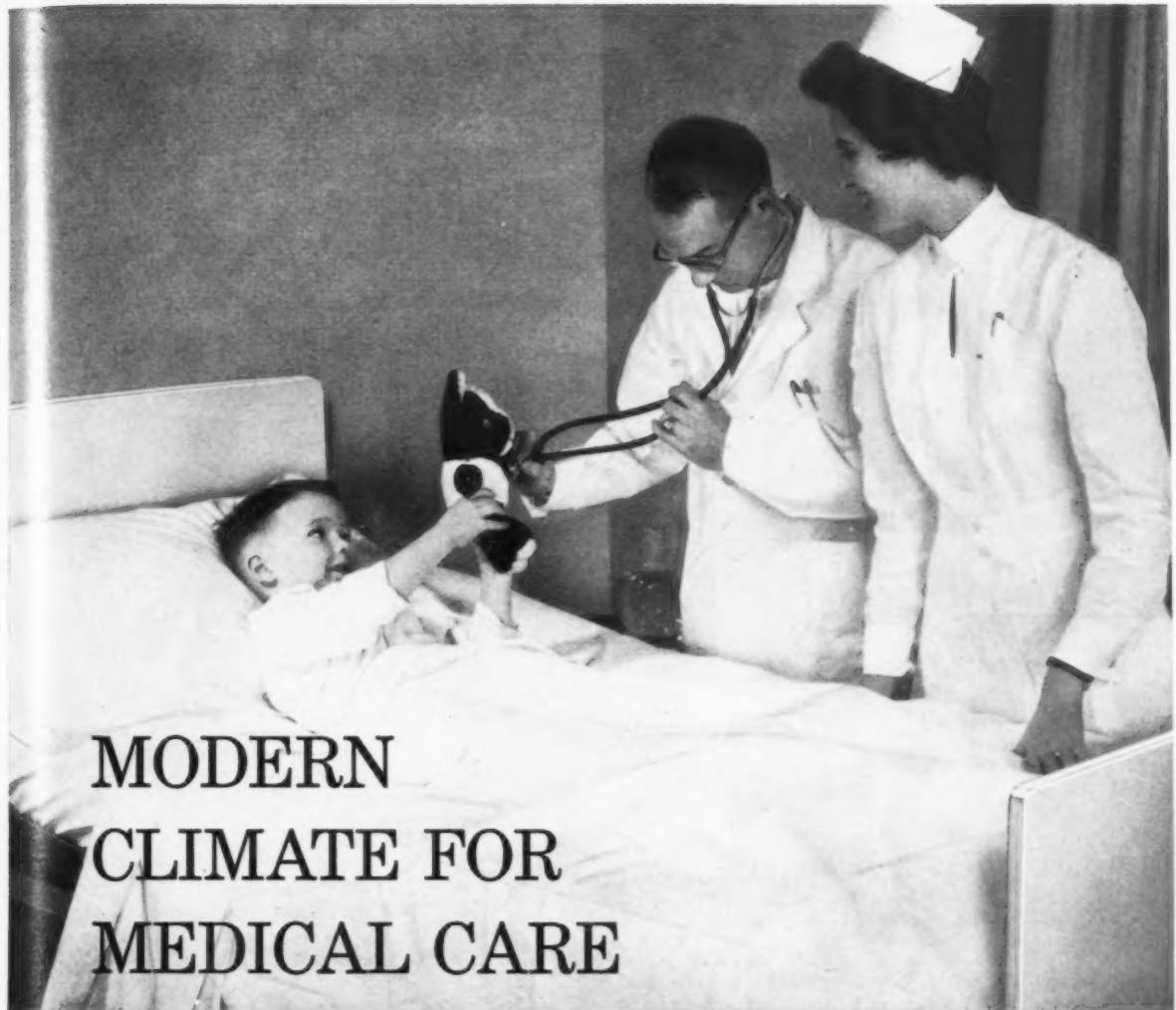
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O.H.A. Meeting

(continued from page 50)

introduced the subject of hospital purchasing, indicating that his remarks were designed to raise questions for discussion by a panel later on.

The purchasing agent's job is, according to Mr. Shaw, primarily that of a buyer but also he must ever be ready to act in a consulting capacity. General purchasing policy must be set by the director or the hospital, including standards, he said. Information as to funds available must be provided by the comptroller; department heads must make their requests in specific terms of physical properties, such as size and weight; and in the case of "major" equipment, the cost of installation and maintenance, should be discussed with the maintenance supervisor. When all these decisions have been made, it remains, said Mr. Shaw, for the purchasing agent to decide where to buy to the best advantage.

In his advisory capacity the purchasing agent should, according to the speaker, provide information on what is new, watch for requisitions which should be referred to the director or comptroller, work with supervisors on cost studies, report too frequent emergency purchases, and follow up after purchasing to check on durability, et cetera.

The wide subject of purchasing was then taken over by a panel consisting of Gérard Brais, Hôpital Notre Dame, Montreal; Sister Noémi de Montfort of Hôpital Ste-Justine, Montreal; J. M. Partlo of Saguenay General Hospital, Arvida; Paul D. Shannon, Royal Victoria, Montreal; and Mr. Shaw. During the discussion period it was made clear that hospital officials expect the purchasing agent to be a key man in the matter of day-to-day expense control. The pros and cons of group buying received due attention and the purchasing of pharmaceuticals by generic names was viewed with favour. Ethics in purchasing was given grave consideration, one moot question being: when is a gift a bribe? Some authorities would rule: no gifts. Others felt that small gestures of good will, say at Christmas, could not be refused without losing good will.

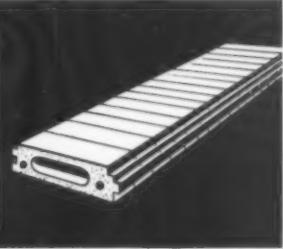
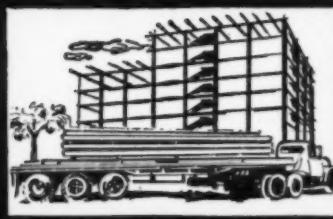
Construction and Maintenance

Dr. George Graham, director, Ellis Hospital, Schenectady, N.Y., who is a graduate of the hospital administration course at the University of Toronto, discussed features of construction which have

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come to seem necessary today and which should be considered at the blue print stage of planning. Among these were: larger emergency departments to cope with the increasing accidents rates; washroom and toilet facilities for every patient because today they are ambulant so quickly; waiting room space in laboratories and x-ray department; tube system and piped oxygen to cut the number of personnel required; nurse-patient intercommunication system for the same reason but with the warning that many patients prefer to see the nurse; recovery rooms; doctors' lounge next to the records department; micro-filming; and sound-proofing throughout. He advocated centralized food service and dish-

washing to avoid noise in nursing areas. Dr. Graham urged the installation of every device necessary for the protection of patients and personnel. Whatever the design of the hospital, he said, a master plan must be prepared for future reference and this should be worked out by administration and architects with the assistance of department heads and consultants.

Maintenance and housekeeping problems formed the topic assigned to Dr. Ruth B. Kundsint, bacteriologist at Peter Bent Brigham Hospital in Boston; and her special interest lay in the timely problem — how to stop the spread of pathogenic organisms and their eradication where they accumulate. This is known as environmental control. By

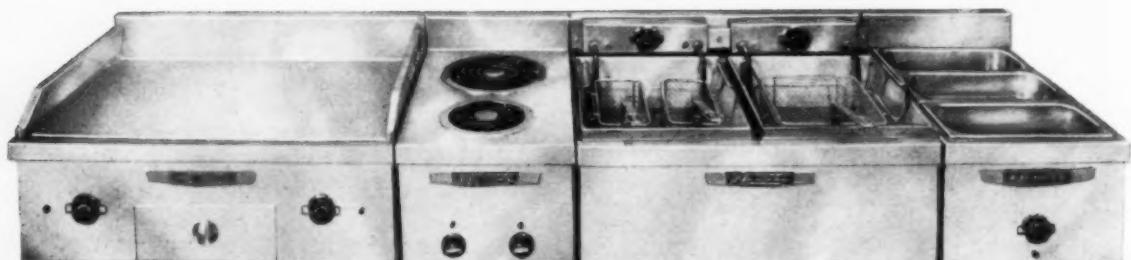
means of slides, Dr. Kundsint described a new floor cleaning method known as "wet-pickup". In this technique, floors are flooded with a detergent germicide which is then removed by a specially designed vacuum cleaner. This should be done daily in areas where aseptic techniques are the only way to prevent cross-infection. The well-known Dr. Carl W. Walter of Boston is a proponent of this method. Dr. Kundsint emphasized that bacteriological monitoring is the only criterion by which the effectiveness of cleaning methods can be ascertained. She explained how to carry out air sampling and methods used to determine bacterial fall-out.

Dr. Kundsint advocated the use of germicidal textile lubricants to

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cut down lint in bed-making and indicated that dry mopping should not be tolerated. She emphasized that bactericidal agents must be incorporated into the maintenance of air conditioners and warned against recirculation of air. This excellent presentation was based upon research at Peter Bent Brigham Hospital.

A panel of hospital authorities followed general discussion and, besides the above speakers, this included: Prof. H. Rocke Robertson, surgeon-in-chief, Montreal General Hospital; Prof. Léo Gauvreau, chief bacteriologist, Hôpital St-Sacrement, Quebec City; Prof. Jacques Bruneau, surgeon-in-chief, Hôtel-Dieu de Montréal, Montreal; Eileen Flannigan, director of nursing, Montreal Neurological Institute; and Jean Dussault, civil engineer, Hôpital Ste-Justine, Montreal.

It was gratifying to listeners to hear Dr. Graham point out that Canadian hospitals were quick to observe the trend toward rising infection rates and that they were swift and efficient in doing something about it—before it had been recognized in other parts of the continent. (If memory serves, Shaughnessy Hospital in Vancouver was among the first to sound the warning.) Speakers were deeply concerned about the difficulty and expense of changing the air in operating rooms the recommended 20 times per hour, in a climate which can be either extremely hot or extremely cold. Individual air conditioning for each ward was one recommendation but several speakers expressed the view that this was not practical, as yet. It was agreed that patients with infection should be isolated as thoroughly as for small pox.

Hospital Service—Tomorrow

The Quebec Hospital Association was honoured, and fortunate, to have as a guest speaker, M. Georges Gay, Chargé de Mission, Assistance Publique, Paris, France. M. Gay (speaking in French) confessed himself somewhat nervous about making any predictions concerning hospitals of the future. Four elements would always affect hospital development, he said, these being geography, demography, financial resources, and what the citizens of a given area want. The system must differ from country to country and the services available must be adapted to human needs, he pointed out. It was his hope that in the future general hospitals would be smaller so that the

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services provided could be intensive and personal. The ideal size according to the speaker would be 350 to 500 beds. Even now the trend is to large out-patient clinics where diagnosis and treatment for ambulant patients can be carried out. M. Gay looked forward to a network of preventive services, provided through social legislation. This would include a system of home care, convalescent and rehabilitation units, and homes for the aged, all linked on a regional basis, with the general

hospital as a nucleus. The latter besides caring for the critically ill would provide teaching and research facilities and guidance for private physicians in the community. Such a system, M. Gay was convinced, would heighten humanness in the hospital of tomorrow and in the treatment of all who are ill.

His remarks met with general agreement in the panel discussion which followed. Dr. Gilbert Turner emphasized that the human dignity of every patient must be

respected and that electronics must work side by side with charity. Stanley W. Martin stated the opinion that sheer economic necessity will probably dictate more concentrated care in the future, noting however, at the same time, that home care is difficult because housing units today are usually too small to accommodate a sick person. Dr. Paul David of Hôpital Maisonneuve suggested that the proposed smaller general hospitals be linked to a vast laboratory centre to avoid duplication of equipment and personnel. This would call for organized co-operation between hospitals; but if it could be linked with a central records system it would also cut down on the "shocking repetition" of laboratory examinations made. All agreed that there must be some central authority to authorize planning and that there should in the future be no room for what has come to be known as "empire building" in the hospital field.

Two sessions were devoted to discussion of the "administrative aspects of medical care" under the leadership of the following speakers: Dr. Jacques Gélinas, Hôpital Maisonneuve, Montreal; Dr. Normand J. Belliveau, Hôpital St-Joseph de Rosemont, Montreal; Samuel S. Cohen, Jewish General Hospital, Montreal; Dr. Léopold Long, Hôtel Dieu de Montréal. Space does not permit a résumé of the various opinions expressed in this highly valuable exchange of ideas.

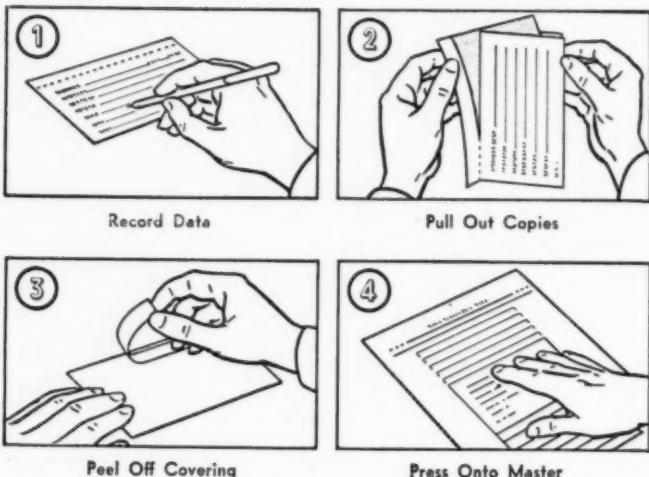
Officers for 1960-61

At the annual business meeting of the association the president, Dr. Paul Bourgeois, presented his report of association activities during the past year (see page 47); and the treasurer's report by A. H. Westbury was adopted. As recommended by the nominating committee, under the chairmanship of Sr. Melanie of St. Mary's Hospital, Montreal, Dr. Paul Bourgeois was re-elected president for a second term in order that he might carry on the many projects initiated during the past year. Dr. J. Gilbert Turner of Royal Victoria Hospital is vice-president and Jacques Bouchard of Amos, Que., became treasurer. Other members of the executive committee are: Sister Charlene of Drummondville; Col. D. Lyon, Sherbrooke; Albert Nantel, Montreal; Dr. C. A. Roberts, Verdun; and Dr. David Beaulieu of Quebec City.

(continued on page 104)

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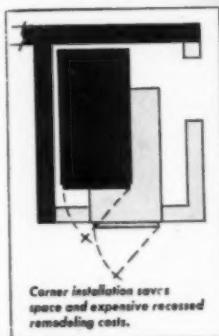
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(continued from page 102)

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Auxiliaries

(continued from page 62)

Auxiliary Movers

The members of the ladies auxiliary to the Kitimat General Hospital, Kitimat, B.C., volunteered at a February meeting to act as helpers in readying rooms for the move to the new hospital scheduled for April, in packing and unpacking, serving refreshments to workers and assisting in moving laboratory equipment.

Alberta Opening

The hospital auxiliary to Hinton Municipal Hospital, Hinton, Alberta, catered for the hospital opening ceremony in February. Pictures were presented by visiting members of the Jasper auxiliaries, and the home auxiliary presented for the new hospital, framed photos of Queen Elizabeth and Prince Philip, which had been privately donated.

Kemptville Auxiliary

The auxiliary of Kemptville District Hospital, Kemptville, Ontario, will hold a baby sweepstakes for the first baby born in the new hospital after it opens in June. Persons entering this contest will have the chance to guess the date, hour, and sex of the first baby.

Montreal Activity

The Women's Auxiliary of the Montreal General Hospital has donated a motion picture camera and accessories to the Department of Surgery in memory of Dr. Burnett S. Johnston who, while executive director of the hospital, gave his encouragement and assistance to the inauguration of this auxiliary.

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Book Reviews (continued from page 60)

MODERN TRENDS IN ACCIDENT SURGERY AND MEDICINE Ed. Roseoe Clarke, M.B.E., M.B., F.R.C.S. (Eng.), F. G. Badger F.R.C.S. (Ed.), and Simon S. Witt, M.D., M.Sc., F.R.C.P.I., I.P.H. Published by Butterworth and Company (Canada) Limited, Toronto, Ontario, Illus. Pp. 346. Price \$ 5.00.

The contents of this book are not restricted to accident surgery in the narrow sense of the term. The necessity of treating the patient as a whole, of understanding the medical, physiological, pathological and surgical aspects of accident cases is recognized as the basis of the modern trend. In the treatment of accident cases consideration must be given for instance to attendant upsets in circulation and metabolism with the origin of medical complications being understood, treated or prevented. Topics dealt with such as circulatory responses to injury, venous thrombosis and pulmonary embolism, and peripheral nerve injuries, reflect not only their special importance but also much of the individual and collective experience and interests of the staff of the Birmingham Accident Hospital. All the contributors have been closely connected with the work of this hospital and so their articles reflect much of its current practice and teaching through the Institute of Accident Surgery.

Nearly all the illustrations are original and are related to case material of the hospital.

THE CHILD IN HOSPITAL, by Hedley G. Dimock. Published by the Macmillan Company of Canada Ltd., Toronto, 1959. Pp. 236. Price \$3.75.

The child in hospital has many special problems and many fears. This book has been written to answer these problems and fears, to show how the parents and the hospital's staff can meet the child's emotional and social needs. The author points out in his preface that it is not important, as far as his study is concerned, who meets the needs of the child. But they must be provided for by someone.

A number of case histories are included to illustrate the different reactions of children and to show how they vary according to the child's emotional state. These alone are thought-provoking.

This is an extremely interesting book, written with simplicity and sympathy. And one hopes that

experiences of children in hospitals will be better because of it.

MEDICAL MUSEUM TECHNOLOGY, by J. J. Edwards and M. J. Edwards. Published by Oxford University Press, Toronto, 1959. Pp. 172. Price \$3.25.

This book on medical museum technology unites in one volume the history of the subject, the current methods used for the preservation and mounting of specimens, and general questions on the administration of a medical museum and its purposes. In a very wide sense, medical museum technology comprises the preservation of all forms of tissue for teaching purposes and/or research. Since pathological material makes up the bulk of specimens in medical museums, much attention has been given in this volume to its preparation.

The techniques chosen for description have all stood the test of time and are all relevant for work today. Out-dated methods have been omitted entirely.

New Brunswick Hospital Care Insurance Plan

About 10,000 patients a month received benefits from the New Brunswick Hospital Care Insurance Plan during the first six months of the plan's operation from July 1 to December 31, 1959.

The benefits include all hospital services necessary for the diagnosis and treatment of conditions requiring in-patient or bed care at the hospital. The plan covers only hospital services. Physicians and medical specialists render their own accounts to the patients.

For patients not requiring admission as in-patients, the plan provides certain insured out-patient services available at the hospital for the diagnosis and treatment of injuries resulting from accidents, including any necessary follow-up care. Out-patient services in connection with physiotherapy treatment are also covered.

The broad benefits under the New Brunswick Hospital Care Insurance Plan include a provision to give coverage to residents who are absent temporarily from the province, i.e. travelling, vacationing, attending school or university in another province and even outside Canada. Hospital benefits may also be received when an insured person is sent to a hospital outside New Brunswick because the necessary care and treatment are not available in the province.

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(see also page 116)

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News Released by Hospital Supply Houses

By C.A.E.

More Electronics For Medicine Goal of Honeywell Program

The Minneapolis-Honeywell Regulator Company has embarked on an extensive new program to expand its activities in the field of electronic medicine, Paul B. Wishart, president, has announced. He said the company had assigned specialists to a newly formed medical instrumentation group that would take over work already under way in three Honeywell divisions and, more important, would institute "entirely new development programs" in co-operation with medical authorities.

"The tremendous possibilities that electronics offer in advancing medical science are only now beginning to be fully appreciated and explored in a major way", Wishart said.

"We intend to draw upon Honeywell's vast experience in industrial instrumentation, automatic control and such newer techniques as data handling to develop the specialized instruments and electronic equipment that the medical field needs".

He said that instruments with greater accuracy and designed specifically to meet medical requirements would provide the medical profession with data that will allow it "to understand the human body and its functions to a more specific extent than is now possible".

"Moreover," the Honeywell executive added, "as we move deeper into the space era, we need to know more about man — what he can endure and what his limitations are physically".

He cited as an example work currently under way with the Mayo

Clinic, Rochester, Minn., aimed at the development of a body-function recorder that would monitor and record blood pressure, pulse rate and body temperature.

Further information is available from Honeywell Controls Limited, Toronto 17.

64 University Students to Receive Union Carbide Scholarships

Sixty-four Canadian university students will receive approximately \$45,000 this year from Union Carbide Canada Limited in schol-

arships and fellowships, according to A. A. Cumming, company president. Sixty students at 19 participating universities will each receive grants of \$500 per annum for the duration of their undergraduate studies, while two students at the University of Toronto and two at McGill University will receive \$1,500 a year post-graduate research fellowships.

Although the grants are under the sponsorship of Union Carbide, the selection of the students and the administration of the program is entirely the responsibility of the universities. The purpose of the scholarship program is to assist deserving students, interested in a business career, to obtain a university education and to assure a larger number of university trained men and women for future executive and administrative careers in business and industry. The promotion and encouragement of academic research in all branches of the natural and social sciences, and fostering a closer relationship between educators and industry are the aims of Union Carbide's fellowship program. Pure science and engineering are the major courses being pursued by Union Carbide scholars this year.

Undertaken in 1954, the Union Carbide scholarships are open to (continued on page 112)

Senior Appointments at Dustbane Products

In keeping with its current expansion program which, during the past year has included the establishment of two new manufacturing plants and a new sales division, Dustbane Manufacturing Co. Limited has recently made three senior appointments.

R. G. Watt, former technical officer of the company, becomes product manager (chemicals); D.

S. MacKinnon has been named advertising manager; and, Bruce Tetu has joined the company as product manager (machines).

All three men are specialists in their respective fields and are equipped to provide the specialized services the company offers.

Within the past 12 months, new manufacturing plants have been opened at Hamilton, Ontario, and Halifax, Nova Scotia, together with a new sales office in Newfoundland.



R. G. Watt

D. S. MacKinnon

Bruce Tetu

FREFERRED CHOICE

for every institutional wall area

G JARD is the first completely coordinated line of vinyl wall covering for institutions and public and commercial buildings.

THE GUARD System consists of more than 200 embossed patterns and colors—grouped into 5 qualities. You can select the right weight, color, pattern and price for each wall area from a single source.

G JARD is applied with its own adhesive—no special preparation needed. Works easily round corners, pillars and awkward places.

GUARD gives lasting protection no wall tile can match . . . costs less than wall tile to install. Withstands thousands of washings without loss of color or pattern. Virtually maintenance-free.

GUARD Architectural Wall Covering SYSTEM

For samples and further details apply to
EMPIRE WALLPAPER & PAINT, LTD.

222, 7th STREET, NEW TORONTO, ONTARIO
BRANCHES COAST TO COAST

THE ASSOCIATED HOSPITALS OF MANITOBA

Require a Director of Consultive Services

To develop a new Association program in Consultive Services. Salary will be related to training and experience.

For further information, apply to:

The Associated Hospitals of Manitoba

218 Kennedy Street

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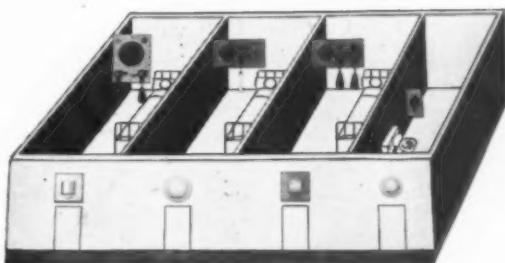
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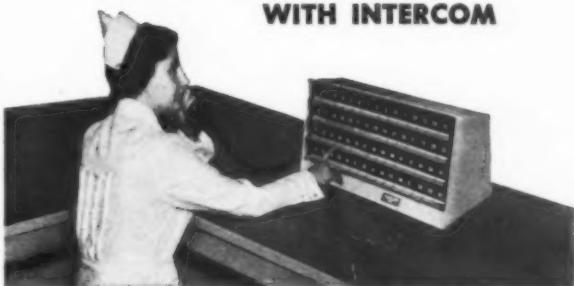


AWARD WINNER

**ELECTRO
VOX**



AUDIO-VISUAL NURSES' CALL WITH INTERCOM



Combines reliability with safety, advanced engineering with simplicity in the most up-to-date signaling and communication system for hospitals.

Its features:—

VOICE COMMUNICATION
LIGHT SIGNALING SYSTEM
EMERGENCY SIGNALING SYSTEM
GENERAL SAFETY FEATURES

The Electro-Vox Audio-visual Nurses' Call system is the outcome of 25 years experience in equipping hospitals throughout the country. It is designed specifically for the stringent requirements of 100% RELIABILITY, SAFETY and EFFICIENCY essential in hospitals.

Write for further particulars

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Across the Desk

(continued from page 110)

any secondary school graduate who has good scholastic standing, personal reputation and is recommended by the school authorities. The fellowship program is open to graduates of Canadian universities who have demonstrated ability to conduct original research. Applications are made directly to the participating universities. To date, 148 students have received these awards.

Since 1954, Union Carbide has expended \$375,000 on its educational assistance program. This includes, in addition to scholarships and fellowships, capital grants to university building funds.

Senior Officer of Baxter Laboratories

Ralph Falk II has been elected senior vice-president of Baxter Laboratories, Inc., according to an announcement made by William B. Graham, president.

In addition to his duties as senior vice-president of the parent company, Mr. Falk is also president of Baxter Laboratories of Canada Limited, Alliston, Ontario.

Mr. Falk is a graduate of Dartmouth College and the University of Michigan, from which he received a master of business administration degree. During World War II he served on active duty as a lieutenant with the U.S. Navy.

Baxter, with its headquarters in Morton Grove, and its Hyland, Travenol and Flint-Eaton divisions, is a manufacturer of pharmaceuticals. Its Wallerstein division produces enzymes for indus-



Ralph Falk II



Business Aids Crippled Children's Centre

Links between business and charitable institutions are becoming more and more firmly welded. High ranking company executives, in a variety of different fields, are giving welfare, community and research associations the benefit of their broad experience, resulting in more realistic appeals targets and much more effective campaigns.

The handling of the building fund for the Crippled Children's Centre, being established by the Ontario Society for Crippled

Children, is a good instance of the growing trend. The Rotary Club of Toronto has pledged \$75,000 towards a motel-type lodge to accommodate parents from out of town whose children are undergoing treatment. Recently a cheque for a first instalment of \$15,000 was presented to the Centre.

The photograph above shows Giles McKague, the club's honorary treasurer, who is also president of McKague Chemical Company Limited and McKague Chemicals (Eastern) Limited, presenting the cheque to John David Eaton, chairman of the building fund.

trial uses. Plants are located in Morton Grove and Decatur, Illinois; Los Angeles; Framingham, Mass.; Cleveland, Miss.; Staten Island, N.Y.; Alliston, Ontario, and in several foreign countries.

NCG Invents New Medical Cylinder Labeling Method

The National Cylinder Gas Division of Chemetron Corporation, Chicago, has announced development of "an improved, safer method of labeling medical gas cylinders".

The design was suggested by Robert W. Burmeister, head of NCG's medical equipment department, who calls it the "Slim-Sys-tem" of identification.

Prior methods of labeling cylinders of tin involved horizontal wrap-arounds or otherwise difficult-to-read positioning. The new method solves the legibility problem in simple fashion, NCG says,

by utilizing a long thin vertical label, about 10 by 2½ inches, with these advantages: bigger label permits use of large, carefully selected type-face so the name of the medical gas, printed vertical-



(continued on page 114)

Now...A Really PORTABLE Aspirator

THE JUNIOR TOMPKINS



APPROVAL NO. 3075

Weighs only 16½ lbs.

\$107⁵⁰

Complete with Yankauer
suction tube and
utility wrench

Cat. No. 100-65

COMPARE THESE FEATURES

- Totally enclosed heavy duty motor... requires no lubrication... rubber mounted to insure quiet, vibrationless operation
- 32 oz. suction bottle
- Simple filtering system... suction gauge and regulating valve
- Durable finish... Sklar two-tone baked enamel

Perfectly balanced...
easy to carry



LONG ISLAND CITY, N. Y.

Sklar Equipment is available through
accredited surgical supply distributors

Across the Desk

(continued from page 112)

ly, jumps out unmistakably; the entire label is visible, including write-in spaces for amounts, types and mixture percentages.

The new labels are applied to cylinders by pressure-sensitive adhesive, which causes them to adhere firmly yet not rip into shreds when the labels are removed during frequent re-painting of cylinders for medical use.

A More Sensitive Laboratory Spectroscope by Fisher

There are scores of uses for a portable spectroscope that can not only supply a quick qualitative analysis for the common metals and a number of other elements but can be used for semi-quantitative analysis as well.

That's why Fisher Scientific, 9 years ago, brought the Todd Spectranal to the attention of laboratories... and why, a few years later, Fisher acquired all rights to the instrument and promptly began a program of refinement and improvement. Result: a completely new instrument, the Fisher Duo-Spectranal, far easier to use — even for untrained personnel — and giving more reproducible results.

The savings in time alone are tremendous when the Duo-Spectranal is used for a quick qualitative and quantitative check of soils, water, ores, minerals, alloys, inorganic and metallo-organic compounds, biological materials, the hemoglobin spectrum, pharmaceutical raw materials, drugs, foods and other products. It does in minutes what would take hours or days by "wet" chemical methods.

The Duo-Spectranal shows the operator two spectra — that of the unknown, and that of a comparison solution — side by side. An



Wilmot V. Castle Retires from Castle Company

At a board of directors meeting held in December, Wilmot V. Castle, president of Wilmot Castle Company, announced his retirement. He has been active in the prominent Rochester concern, which manufactures lighting and sterilizing equipment, for forty-seven years. John H. Castle Jr., vice-president, will succeed his uncle as president, and W. V. Castle, Jr., will become a member of the Castle board of directors replacing his father who will, however, continue to act as a director of Ritter Company, Inc.

Wilmot Vail Castle was the second president of Wilmot Castle Company which was founded by his father in Rochester in 1883. The retiring president was born in Rochester in 1889. He attended public schools and was graduated from the University of Rochester in 1911. After attending Harvard

Business school for a year he joined the Castle Company in 1912.

In addition to his duties as president of one of Rochester's most progressive companies, Mr. Castle has devoted considerable time to civic and church activities. He is a member of the board and the executive committee of Genesee Hospital, and for three years served as president of the board. He is also currently a trustee of the Monroe County Savings Bank. He has for years been an active member of St. Paul's Episcopal Church, and is at present a member of the vestry and senior warden of the church.

"Rooney" Castle is internationally known as a yachtsman. In 1932 and '34 he won the Canada's Cup which ranked as the world's second most important regatta. The accomplishment has never since been duplicated and the feat ranked him as one of the nation's ten top racing skippers.

illuminated scale, graduated directly in Angstrom units, can be projected beside the spectra and the wavelength of any line read to plus and minus 5A.

For complete descriptive literature, write Fisher Scientific Limited, 8505 Devonshire Road, Montreal 9.

Portable Electrometer Introduced by Glendon Company

The Model 37A Portable Electrometer was designed to meet requirements for a portable X-ray dosimeter. It consists of a robust direct-reading battery operated tube electrometer, complete with ion chamber polarising supply, and a

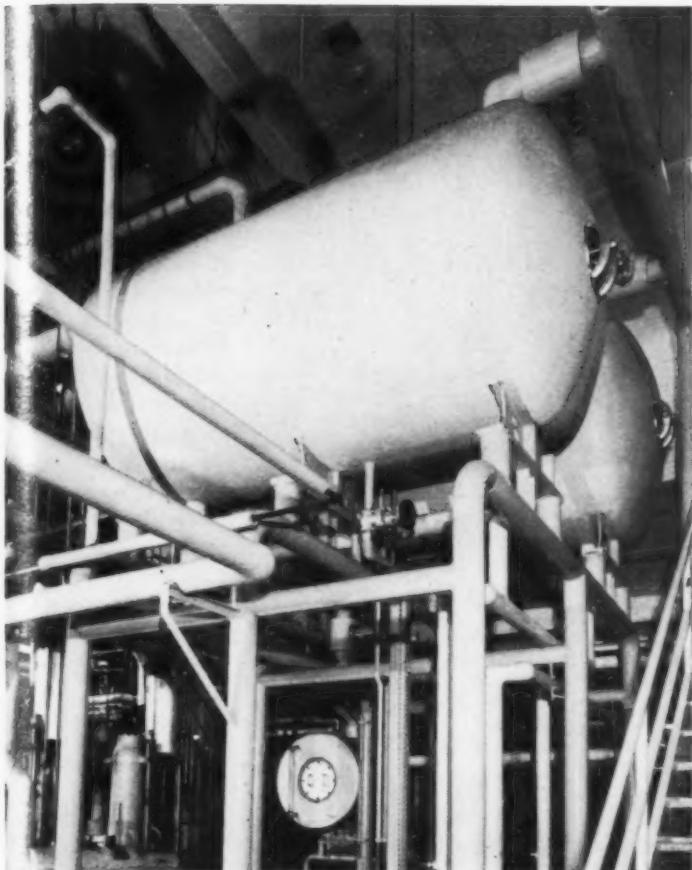
range of input capacitors and resistors.

All the high insulation input-circuit components, including the electrometer tube, are mounted in a lead-lined screening box to reduce errors due to scattered X-rays.



(concluded on page 116)

20 YEARS WITHOUT REPAIRS



**PROOF THAT MONEL*
HOT WATER STORAGE TANKS
LAST LONGER, CUT REPAIR
AND MAINTENANCE COSTS**

THE
**INTERNATIONAL
NICKEL**

COMPANY OF CANADA, LIMITED

55 YONGE STREET, TORONTO

Replacing a large hot water storage tank—usually in a cramped location—is often extremely difficult and invariably expensive. That's why it's important to install a tank that will last! And a Monel tank does just that! The tank shown here has been in operation 10 years without repairs... a comparatively short time for a Monel tank. Many such tanks have been giving trouble-free service for over 20 years.

This is because Monel is a nickel-copper alloy that is ideal for hot water storage tanks. Monel is highly resistant to the corrosive effects of water at high temperatures, and withstands most of the common corrosive conditions encountered in service.

You can depend on Monel for lasting, trouble-free service. When you consider the savings in repairs and maintenance—even replacement costs—you can see why you'll be farther ahead with a Monel tank in your operation. For specific information and advice on your hot water storage and heater requirements, consult:

Ellett Copper & Brass Co. Limited
Vancouver, B.C.

Darling Brothers Limited
Montreal, P.Q.

Ferro Metal Ltd.
Toronto, Ont. and Montreal, P.Q.
The Arthur S. Leitch Co. Limited
Toronto, Ont.

Reliance Welding Works, Limited
Edmonton, Alta.



Across the Desk

(concluded from page 114)

The instrument covers the following ranges when used in conjunction with an ionization chamber of approximately 40 c.c. in volume: dose: 0.45 milliroentgens per second to 15 roentgens per second. Accuracy is of the order of plus or minus 10% of F.S.D. on 0.45 and 1.5 milliroentgen ranges, plus or minus 5% on all other ranges. 40 c.c. ionization chamber is normally supplied, but 350 c.c. chamber is also available as well as a few other sizes made for specialized applications.

Available from The Glendon Instrument Company Limited, Toronto 1.

The "Convertible" Doubles Utility of Mopping Outfits

One bucket for small mopping jobs, twin-tank unit for the larger ones; light, compact, easy to maneuver for all mopping jobs — these outstanding features are found in the new Floor-Knight 16-qt. "Convertible" bucket by Geerpres. Two little steel wire hooks do the trick, coupling single buckets through grommets in the rubber bumper to make a dual-duty mopping outfit.

Made available in 32- and 44-qt. sizes, the 16-qt. "Convertible" is the latest addition to the complete line of floor cleaning equipment manufactured by Geerpres Wringier, Inc., Muskegon, Michigan. Available in both light- and heavy-duty construction, the new "Convertible" is quiet, smooth-rolling and easy to store, the buckets stacking snugly to conserve floor space.



The non-marking rubber bumper prevents smudges on walls and scratches on furniture. It encircles the base of the bucket and is permanently attached and steel reinforced for long life. Other features

include reinforced buckets, hot-dip galvanizing after fabrication and elimination of all bolt and rivet holes. They are mounted on a durable aluminum chassis with ball-bearing rubber-wheeled casters.

Technical Manager of Fabrikoid

R. W. Jackson has been appointed technical manager of the "Fabrikoid" division of Canadian Industries Limited. Mr. Jackson, who brings extensive experience in vinyl and rubber technology to this newly created position,



R. W. Jackson

will be responsible for all technical aspects of the division's operations, development of new products and carrying out diversification studies. His headquarters will be at the companies' offices in New Toronto, Ontario.

Stahl Company Announces Expansion in Canada

The opening of new office and warehouse facilities at 108 McDougal Street in Windsor, Ontario, has been announced by Harlow C. Stahl of Canada Limited. The Stahl organization is a leading supplier of commercial aluminum cookware for restaurants, hotels and institutions throughout Canada and the United States.

According to Harlow C. Stahl, company president, this expansion program will facilitate distribution of the firm's complete line of "Chef-Styled" aluminum cookware and food-handling equipment.

Spare the Rod . . .

The old fashioned parent believes that stern discipline means just where it says.—Noel Wical in *Look*.

Classified Advertising

Science Instructor Required

for the Moncton Hospital School of Nursing which has a yearly enrollment of 40 students.

Salary based on qualifications, 40-hour week, good personnel policies, apply to Director of Nursing, The Moncton Hospital, Moncton, N.B.

Director of Nursing

Modern Hospital with 42 adult beds and 11 bassinets has vacancy for Director of Nursing.

The hospital is located in a company operated town and serves a population of approximately 6,000. Community organized recreation. Residence accommodation and all conventional benefits available. Salary commensurate with experience and qualifications. Apply giving full particulars of training and experience to:

Administrator,

Anson General Hospital
Iroquois Falls, Ontario.

Physical Therapist Wanted

for the Toronto Hospital for Tuberculosis. Vacation with pay, sick leave credits etc. Apply: Assistant Administrator, Toronto Hospital for Tuberculosis, Weston, Ontario.

For Sale

1 only K.I.L. Model 5-12S Coffee Pressure Urn, used for approximately five months. Apply: Administrator, Ajax and Pickering General Hospital, Ajax, Ontario.

Pharmacist

With Saskatchewan Registration, required by Regina General Hospital. Superannuation and Insurance benefits. 37 hour, 5 day week. Apply Personnel Office, Regina General Hospital.

For Sale

Three Roll 75" Hoffman Flatwork Ironer. Hospital expansion program required larger unit, and this is now surplus. In perfect operating order until disconnected last month. To be sold for best bid over scrap price, purchaser to move same. Administrator, Leamington District Memorial Hospital, Leamington, Ontario.

(see also pages 108 and 109)



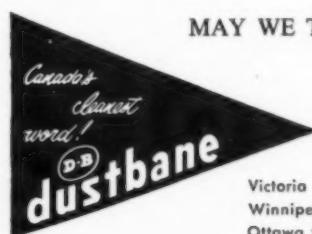
STOP SIR! BUILDING MAINTENANCE IS OUR BUSINESS

Don't let excessive maintenance costs cut deep into your complex hospital budget!

Let the Dustbane representative in your area make a FREE and complete survey of your maintenance requirements. He will submit recommendations and personally coach staff, without charge, in the fundamentals of safe, low-cost and efficient maintenance. Through specialized planning, costs can be trimmed and expensive floors preserved for years longer.

Your Dustbane representative is backed by extensive research and a complete range of proven Dustbane products; sweeping compounds, soaps, disinfectants, scrubbing and polishing machines, waxes and polishes for all types of buildings. He speaks for a firm with fifty years of experience solving clients' problems in this particular field.

MAY WE TALK TO YOU ABOUT YOUR MAINTENANCE SOON?



Ask your local Dustbane man to arrange a special showing of our new colour movie "The Fantastic Super". It's getting a big reception everywhere!

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